MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
EMERGENCY SUPPORT FUNCTION 8: PUBLIC HEALTH AND MEDICAL SERVICES OPERATIONS PLAN
Version 2.2
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DRAFT DHMH PUBLIC HEALTH AND MEDICAL SERVICES OPERATIONS PLAN

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INTRODUCTION

The Maryland Department of Health and Mental Hygiene (DHMH) Emergency Support Function 8: Public Health and Medical Services Operations Plan (DHMH ESF 8 PHMOP; also referred to as the ESF 8 Plan) provides the operations structure for coordinated State assistance to supplement local resources in response to public health and medical care needs in any hazard or threat to the DHMH, external emergencies to the organizations and populations that DHMH supports, and any community emergency event in which the DHMH may be asked to assist.

The primary purpose of this document is to address situations wherein DHMH is the lead agency and when it is functioning in a support capacity to Federal, other State, local and/or tribal agencies.

The ESF 8 Plan is structured to use the National Incident Management System (NIMS) and implement Standard Operating Guidelines (SOG) which are contained in annexes, appendices, and the National Response Framework (NRF) (January, 2008).

The DHMH ESF 8: Public Health and Medical Services Operations Plan incorporates guidance for compliance with standards and regulations from the Department of Health and Human Services, the Department of Homeland Security (DHS), the Occupational Safety and Health Administration (OSHA), and the State Government of Maryland.

PURPOSE

To describe how the DHMH will respond to emergency threats or events. The DHMH ESF 8 PHMOP will address policy requirements and assumptions, and processes for a DHMH-wide response using NIMS and SOG.

SCOPE

In accordance with the National Response Framework, Maryland's ESF – 8 is designed to assist state and local entities in the following core functional areas:

Assessment of public health/medical needs

Health surveillance

Medical care personnel

Health/medical/veterinary equipment and supplies

Patient evacuation

Patient care

Safety and security of drugs, biologics, and medical devices

Blood and blood products

Food safety and security

The State of Maryland recognizes eight additional core functions added to accommodate any present and/or future needs the state may incur during an emergency. The additional areas of support include:

Agriculture safety and security

All-hazard public health and medical consultation, technical assistance, and support

Behavioral health care

Public health and medical information

Vector control

Potable water/wastewater and solid waste disposal

Mass fatality management, victim identification, and decontaminating remains

Veterinary medical support

The DHMH may be required to respond to:

Threats and events or key activities internal to the department;
Threats to its continuity of operations
Threats to the public health

This ESF-8 Operations Plan applies to all employees, ensures compliance with Federal and State requirements, and implements the DHMH strategy for responding to all emergency events. It is designed to respond and protect the well-being of the public and DHMH employees, as well as to allow for business continuity to the fullest extent possible.

The primary goal of the DHMH ESF-8 Public Health and Medical Services Operations Plan is to ensure the health and safety of the public and to provide for the continuity of care of the public health and continuity of essential operations in the event of a disaster or emergency.

INTENDED AUDIENCE

This *Plan* is written especially for government executives, private-sector and nongovernmental organization (NGO) leaders, and emergency management practitioners. First, it is addressed to senior elected and appointed leaders, mayors, tribal leaders, and city or county officials – those who have a responsibility to provide for effective response. Second, it is addressed to local health departments, hospitals and those organizations charged with caring for the residents of Maryland in both emergency and non-emergency situations. For Maryland to be prepared for any and all hazards, its leaders must have a baseline familiarity with the concepts and mechanics of this plan.

SITUATION OVERVIEW

The ESF – 8 plan is a vital tool necessary for characterizing the steps that will be taken, and the agencies that will be involved in mitigation, preparation, response, and recovery in the event the state or any region of the state experiences undue impact as a result of hazardous threat or action, and/or a public health or medical emergency event. The activation of ESF-8 assumes that certain environmental conditions or situations may prevail as a result of the emergency event:

- Although a primary hazardous event may not initiate a public health or medical emergency, secondary events stemming from the initial event may do so.

- Disruption of sanitation services and facilities, loss of power and massing of people in shelters may increase the potential for disease and injury.

- A disaster may exceed the resources of the local public health and medical community and state and federal emergency resources may be required.

- A public health, medical or other hazardous event may result in risk to general health, including but not limited to: traumatic injury, mental health concerns, food poisoning, contamination of water supplies, and communicable disease.

- It may become necessary to evacuate acute and long-term care facilities because of damage and/or threat due to an incident.

- In the event of a major catastrophic, hazardous threat, or major public health and medical emergency incident, available resources may become overwhelmed.

Threat Risk Analysis

Maryland utilizes NIMS compliant and NRF suggested approaches to all threat risk assessment and hazard identification. Risks and threats are analyzed at the lowest jurisdictional level upward as risk or potential of threat increases. Assessment is carried out

by way of a tier system that allows for specific intervention at all levels of a threat and/or threat analysis. Using the Maryland Tier system ensures an Incident Command System (ICS) structure is applied to the preparation, response, and recovery operations of incident mitigation.

The Tier System consists of six levels or tiers:

Tier 1: Individual Health Care Facility Response

Tier 2: Jurisdiction Response

Tier 3: Intrastate Regional Response

Tier 4: State Response

Tier 5: Interstate Response

Tier 6: Federal Response

Details of the call-down of any of these tiers in an actual public health or medical emergency event are included in this plan under the section, **Threat Alert and Notification, p. 54**

The Maryland Emergency Management Agency (MEMA) conducted a hazard vulnerability and threat analysis and risk assessment to identify potential emergencies that may occur and affect the community DHMH serves. This assessment focused on the areas of weather, other natural events and technological threats to localities. Current determinations have been expanded and are concentrated on critical infra-structure within Maryland.

As the Lead for ESF 8: Public Health and Medical Services, the DHMH OP & R has addressed the estimation of the impact of internal and external vulnerabilities and threats to acute care facilities in Maryland. Natural, technological, HAZMAT, human and regional critical infra-structure threats and vulnerabilities as well as preparedness for each were appraised and a relative risk index determined for each.

This assessment identifies areas of vulnerability and ensures that the emergency Support Function 8: Public Health and Medical Services Operations Plan includes provisions for reducing the severity and/or impact of the vulnerabilities/ threats during an emergency. The procedures for ESF 8 Public Health and Medical Emergencies are included in the functional ANNEX for ESF 8 Response and Support as well as the appendices to that ANNEX.

The vulnerability and threat analyses and risk assessments are reviewed and updated regularly to ensure that the DHMH ESF8 Operations Plan meets the needs of DHMH and its communities.

For National or State Special Security Events, DHMH OP&R develops Public Health and Medical Threat Assessments which contain both a strategic and tactical assessment of threats as well as response capabilities. This allows DHMH to lean forward, develop contingency

emergency plans and to deploy assets for any required Public Health and Medical Services response.

The procedures for responding to DHMH internal emergencies, such as building evacuations, are included in the policy letters and guidelines at each DHMH campus. For security reasons neither the MEMA nor DHMH OP&R vulnerability and threat assessments are included in this document.

Mitigation Overview

All State agencies and volunteer organizations are grouped into 16 Emergency Support Functions (ESF) to coordinate and complete assigned missions. These functions represent specific response activities that are common to all disasters. Each Emergency Support Function is comprised of one or more primary agencies serving as the lead and several other agencies and organizations providing support.

Emergency Support Function 8 (ESF 8) provides coordinated assistance to supplement local resources in response to public health and medical care needs following a major disaster or emergency, or during a developing and/or potential public health threat or emergency.

The DHMH Office of Preparedness & Response (OP&R) provides expert technical guidance and leadership and is the lead for ESF 8 coordination in a public health emergency response in the State of Maryland.

Emergencies requiring a Public Health response include:

- Major Disasters – including significant earthquakes in a populated area (magnitude 5.0 or greater), nuclear power plant emergencies, major chemical spills or hazardous material release, and similar severe, unexpected disasters that overwhelm or threaten to overwhelm the local ability to respond.
- Terrorist Acts or Threats
- Health Facility Emergency
- Nuclear Power Plant or Radioactive Material Incident
- Hazardous or Toxic Materials Incident
- Infectious Disease Emergency
- Contaminated Drugs or Medical Devices
- Food or Beverage Contamination
- Food borne or Waterborne Disease Outbreak
- Contamination of a Public Water Supply
- Significant Sewage Spills

The Appendices to the Functional Annex will provide specific standard operating guidelines for responding to such emergencies.

ASSUMPTIONS

The State of Maryland, Department of Health and Mental Hygiene, for the purposes of delineating the scope and intent of ESF-8, based upon protocol established by the NRF, the legal authority granted the State in matters of public health preservation, and the legal authority granted the DHMH Secretary of Health, do hereby assume the following:

A. The DHMH is the ESF 8 Public Health and Medical Services lead for Maryland and will coordinate the public health and/or medical response during a public health, medical, or other emergency.

B. Local health departments will notify DHMH of the status of local public health, or medical emergencies and the need for assistance.

C. The State of Maryland is NIMS compliant.

D. County Emergency Management Agencies (EMA's) will notify local health departments and DHMH when a county emergency plan has been activated.

E. Requests for support will be coordinated through local, county and state Emergency Operations Centers (EOC's).

F. Local emergency operational procedures and resource manuals describe the following medical resources in their jurisdictions: nursing homes, hospitals, emergency medical squads, ambulance services, morgue locations and mutual aid agreements for EMS and public health needs.

G. The use of affiliated registered volunteers (those volunteers who are already members of disaster relief organizations) may be critical to expanding the staffing capability of DHMH and local health departments.

H. Unaffiliated volunteers and unsolicited donations may be received during a disaster.

I. Local health departments are provided with copies of the ESF 8 PHMOP and have participated in exercising the plan.

J. All agencies participating in a response are aware of NIMS requirements as they affect local jurisdictions.

K. This plan offers guidance for making decisions about issues not specifically covered in the plan.

ESF 8 PLAN STRUCTURE

In accordance with NIMS and the NRF, the ESF 8 is written incorporating principles of: (1) tiered response, (2) engaged partnership, (3) scalable, flexible and adaptable operational capabilities and (4) readiness to act.

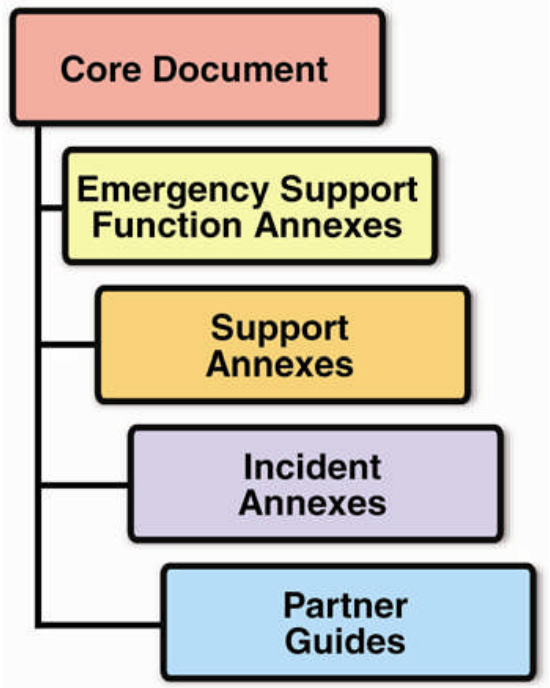
A. Core Document - ESF-8 Public Health and Medical Services Operations Plan (ESF8-PHMOP): The ESF8-PHMOP is an organization-wide strategy for coordinated response and recovery. It is the basis for DHMH operations for preparation, training, response and recovery in the event of, and during an emergency event that threatens the public health of the residents of the State of Maryland.

B. Emergency Support Function Annexes: These annexes contain incident specific and standard operating guidelines (SOG's) for threats, events, and key activities (such as Continuity of Operations), ICS job action sheets for DHMH activities and personnel, as well as a list of acronyms and a glossary.

C. Support Annexes - Operational Annexes: These are functional annexes that address a particular functional area. The DHMH Functional Annex covers DHMH ESF-8 Response and Support. It includes specific information about roles and responsibilities of DHMH and supporting departments and agencies.

D. Incident Annexes: These are incident or operation specific SOG's and checklists inclusive of: Pandemic Flu, Isolation and Quarantine, Medical Surge, and Evacuation Plans and other plans. These appendices support the ESF 8 Response and Support Functional Annex.

E. Partner Guides – These provide details regarding those critical infrastructure agencies and local organizations that partner with DHMH OP&R ESF 8 to prepare for, respond to and recover from a public health emergency or threat action.



ORGANIZATION

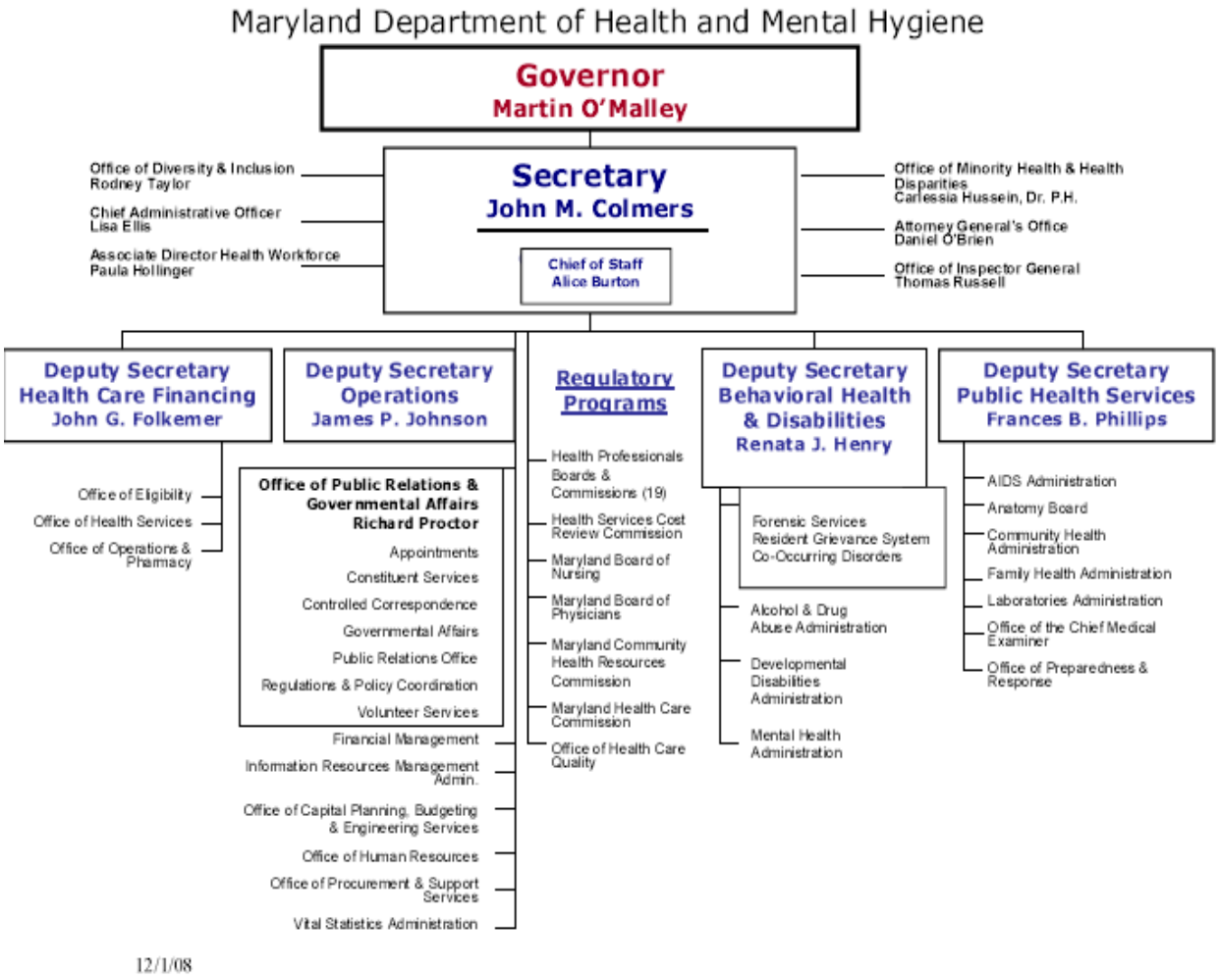
A. Department of Health and Mental Hygiene.

DHMH has four major divisions: Office of the Secretary, Public Health Services, Behavioral Health and Disabilities, and Health Care Financing. In addition, the department has 20 boards that license and regulate health care professionals; and seven commissions that issue grants, conduct research and make recommendations on issues that affect Maryland's health care delivery system. DHMH has a staff of more than 9,000 and a budget of more than $7 billion to provide needed services to Maryland communities.

The health care delivery system in Maryland consists of public and private hospitals, nursing homes, outpatient clinics, home health care services, hospices, individual and private providers (such as physicians, dentists, nurse practitioners, and physician assistants) health educators, other allied health professionals, and many others. This extensive healthcare network is accessible to all residents of the State of Maryland.

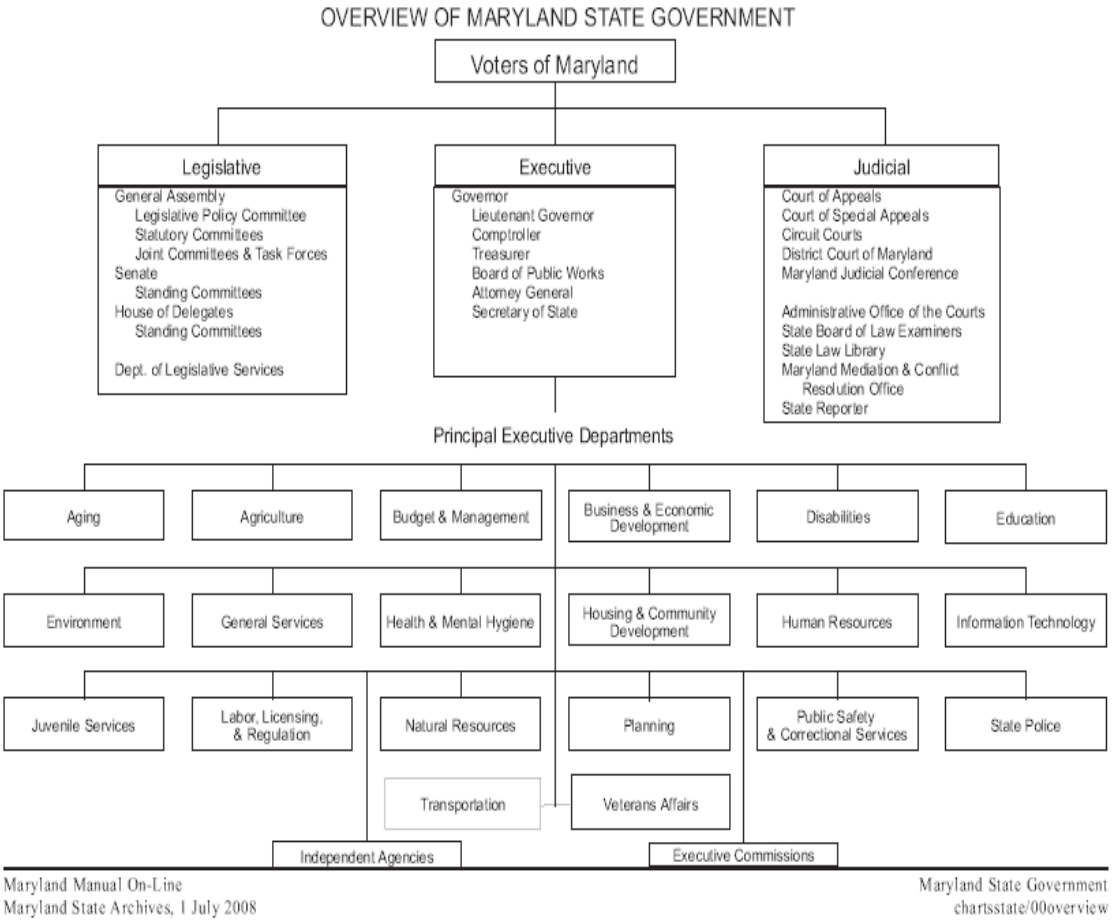
Additionally DHMH is the lead agency for Emergency Support Function (ESF) 8 – Public Health and Medical Services, and is also the lead agency for (Maryland) ESF 11 - Food Protection and Food Defense. As such, DHMH has an Office of Preparedness and Response (OP&R) that is responsible for all public health related activities such as public health plans, public health preparedness planning, education and response. The department of OP&R is also responsible for all public health

federal grants related to preparedness and response. (See DHMH organizational chart below).



B. Other State Agencies.

DHMH has an established relationship with other state agencies for both support to other ESF's and as support to our ESF 8 and 11. The Department of Agriculture for example, sends weekly reports and analysis on zoonotic trends. DHMH provides staffing support to the Department of Human Resources for sheltering. (See State Organizational Chart below).



C. Local Public Health Departments.

There are 24 local health departments (LHD) in the state of Maryland. Each LHD is lead by an appointed Health Officer who is responsible for all of the public health functions on a local level. Included in the LHD is a local division of Public Health Emergency Planning that is partially funded through Federal preparedness grants. The Public Health Emergency Planner (PHEP) is responsible for all activities, planning and functions of preparedness planning and response at the local level.

D. Hospitals.

There are currently 46 acute care hospitals and 7 state facilities in the State of Maryland as well as numerous long term care facilities. DHMH is responsible for the licensing of all of the above facilities. Hospitals are required, through their accreditation process, to have written emergency plans in place. DHMH assists and supports hospitals in the planning and preparedness process by providing Federal funds in the form of grants, and by providing

leadership and guidance in planning and response. Additionally, DHMH partners with hospitals in the purchase of equipment and medications, and by providing templates for developing individual hospital plans.

CONTINUITY OF OPERATIONS

POLICIES

When the public health and healthcare of Maryland is threatened, there are several steps that may be taken by the State to prevent or stem the spread of illness or any public health threat. Only a few of the Maryland laws, statutes, and legal provisions that apply to public health and the legal authority of the Governor, the Secretary of the Department of Health and Mental Hygiene, and Health Officers are summarized in this section. For more information, please reference the Maryland Public Health Emergency Preparedness Legal Handbook at http://www.umaryland.edu/healthsecurity/docs/Handbook%209-9-05.pdf

LEGAL AUTHORITY

Md. Code Ann., Public Safety ("Public Safety"), Title 14, Subtitle 3A, Governor's Health Emergency Powers provide the Governor of Maryland with the legal authority to address a catastrophic health emergency (CHE). Under Public Safety § 14-3A-01(b), a catastrophic health emergency is defined as "a situation in which extensive loss of life or serious disability is threatened imminently because of exposure to a deadly agent." A deadly agent is defined in Public Safety § 14-3A-01(c) as one of a wide range of biological, chemical, or radiological items that could potentially cause extensive loss of life or serious disability. Table 4 summarizes the categories and provides specific examples of some of the deadly agents that are set forth in this section.

Powers of the Governor

Public Safety §§ 14-3A-01 to 14-3A-08 grants the Governor or his designee authority to act with health emergency powers. The Governor can declare a catastrophic health emergency, issue a proclamation and issue orders under the proclamation.

The Governor has the power to declare a catastrophic health emergency under Public Safety § 14-3A-02. If the Governor determines that a catastrophic health emergency exists, then the Governor will issue a proclamation. Public Safety §14-3A-02(a). The proclamation will include: the nature of the catastrophic health emergency, the areas threatened and the conditions that led to the catastrophic health emergency or the conditions that made possible the termination of the emergency. Public Safety § 14-3A-02 (b) (1)-(3). The proclamation will last for 30 days after the issuance and is renewable by the Governor

for successive 30-day periods during the catastrophic health emergency. Public Safety § 14-3A-02 (c) (2)-(3). The Governor will rescind the issued proclamation when the Governor determines that the catastrophic health emergency no longer exists. Public Safety § 14-3A-02 (c) (1).

During the proclamation the Governor can order:

- A health care provider to participate in disease surveillance, treatment and suppression efforts and to comply with the directives of the Secretary or other designated official. Public Safety §14-3A-03(c).

- An evacuation, closing, or decontamination of any facility. Public Safety §14-3A-03(d) (1).

- Individuals to remain indoors or refrain from congregating if necessary and reasonable to save lives or prevent exposure to a deadly agent. Public Safety §14-3A-03(d) (2).

Additionally, the Governor can issue orders to the Secretary of the Department of Health and Mental Hygiene ("Secretary") or other designated official under Public Health § 14-3A-03.

Powers of the Secretary of the Department of Health and Mental Hygiene

Health-General § 18-905, Annotated Code of Maryland, provides legal authority for the Secretary to order individuals under certain circumstances to go to and remain in isolation and quarantine sites without a gubernatorial CHE proclamation and order.

Health-General Article, §§ 18-901 to 18-908, grants the Secretary authority to act during a catastrophic health emergency. This authority is codified in the Code of Maryland ("COMAR") 10.59.01 Care of Individuals Isolated or Quarantined Due to a Deadly Agent. During a catastrophic health emergency, the Secretary can also receive orders from the Governor under Public Safety § 14-3A-03.

After the Governor issues a proclamation, the Governor may also issue orders to the Secretary or other designated official under Public Safety §14-3A-03 (b)-(d) granting the power to:

- Seize immediately anything needed to respond to the medical consequences of the catastrophic health emergency work collaboratively with health care providers.
- Control, restrict, or regulate the use, sale, dispensing, distribution, or transportation of anything needed to respond to the consequences of the catastrophic health emergency.
- Require individuals to submit to medical examination or testing.
- Require individuals to submit to vaccination or medical treatment unless the vaccination or treatment will cause serious harm to the individual.
- Establish places of treatment, isolation and quarantine.

- Require individuals to go to and remain in places or isolation or quarantine until they no longer pose a risk of transmitting the condition or disease to the public.

The Secretary, or other designated official, has the authority under Public Safety § 14-3A-05 to issue a directive for isolation and quarantine. The content of the directive given to an individual or group of individuals placed in isolation or quarantine shall include the following, according to Public Safety § 14-3A-05(b):

- The identity of the individual or group of individuals that are subject to isolation or quarantine.
- The premises that are subject to isolation or quarantine.
- The date and time when the isolation or quarantine starts.
- The suspected deadly agent causing the outbreak or disease if known.
- The justification for the isolation or quarantine.
- The availability of a hearing to contest the directive.

The directive shall be in writing and given to the individual or group of individuals before the directive takes place. Public Safety § 14-3A-05 (b) (2). If a written directive is impractical, then the Secretary, or other designated official, shall use the best possible means available to ensure that the affected individual(s) are fully informed of the directive. Public Safety § 14-3A-05(b) (3).

The Secretary, or other designated, official also has the authority under Health-General § 18-902(1)-(3) to:

- Continuously evaluate and modify existing disease surveillance procedures in order to detect a catastrophic health emergency.
- Investigate actual or potential exposures to a deadly agent.
- Treat, prevent, or reduce the spread of the disease or outbreak believed to have been caused by the exposure to a deadly agent.

Delegated Authority by the Secretary

The Secretary has the authority in Section 2-102(b) (2) of Health-General to establish guidelines and procedures to promote the orderly and efficient administration of the department. Thus, to ensure continuity of the Department's essential business functions when the Secretary is temporarily unavailable, the Secretary established an Emergency Delegation of Authority and a Limited Delegation of the Secretary's Public Health Emergency Authority.

Powers of the Health Officer

COMAR 10.59.01 outlines the authority of the health officer during a catastrophic health emergency. Under this title, the health officer shall:

- Recommend to the Secretary, a suitable place for isolation or quarantine based on: the seriousness of the disease; the route or routes of transmission of the disease; the contagiousness of the disease; precedents in the practice of public health; the behavior, neurological development and condition, physical condition of the individual being isolated or quarantined; and the access to needed support services at the site. COMAR 10.59.01.03D (1)-(2).
- Arrange for and provide, if needed, transportation for an individual to be isolated or quarantined. COMAR 10.59.01.03E.
- Monitor an isolated or quarantined individual by phone call, home visit, or other means to ensure that the isolated or quarantined individual stays in the designated facility at all times during the period of isolation or quarantine, except in an emergency such as fire, natural disaster, or evacuation by a county, State, or federal agency of the area for any other reason. COMAR 10.59.01.03F.
- Ensure that an isolation or quarantine facility has at a minimum: electricity; hot and cold potable water; hand-washing facilities; toilets; heat; telephone access; and means for discarding trash and wastes. COMAR 10.59.01.03H.
- Ensure that an individual in isolation or quarantine has access to at a minimum: food; medical supplies; medications; and medical care including psychological care. COMAR 10.59.01.03I.
- Provide information to an isolated or quarantined individual, without compromising the health of the isolated or quarantined individual or the people caring for the isolated or quarantined individual, by: assessing the language needs of the isolated or quarantined individual; translating both oral and written communications and documentation; and monitoring to assure that the isolated or quarantined individual is not treated in a discriminatory manner. COMAR 10.59.01.03J.
- Determine whether the individual has any cultural or religious beliefs that would interfere with medical care during quarantine or isolation and to the extent feasible, make arrangements to accommodate these beliefs, without compromising the health of the isolated or quarantined individual or the people caring for the isolated or quarantined individual. COMAR 10.59.01.03K.

ROLES AND RESPONSIBILITIES

Roles and responsibilities of the following state departments and agencies during a public health emergency are listed in this section. In addition, the roles and responsibilities of non-government organizations including faith-based and community-based organizations, healthcare facilities, private-sector organizations, and businesses are included.

STATE DEPARTMENTS AND AGENCIES

The primary roles and responsibilities of State departments and agencies for each of the 16 Maryland Emergency Support Functions are delineated in the chart below. To view the support roles of State of Maryland agencies and departments, see chart on p 35.

ESF	FUNCTION	PRINCIPAL DUTY	*PRIMARY AGENCY*
POLICY	Strategic decision-making	Coordinate/develop policies	Governor or Authorized Representative
1	Transportation	Provide transportation resources	Department of Transportation (MDOT)
2	Communications	Provide telecommunications resources	Department of Budget and Management (DBM)
3	Public Works and Engineering	Restore public facilities	Department of General Services (DGS)
4	Firefighting	Suppress fires	The Office of the State Fire Marshall and Fire Desk (MFRI)
5	Emergency Management (Information and Planning)	Collect/share information and data	Maryland Emergency Management Agency (MEMA)
6	Mass Care and Sheltering	Coordinate shelter operations	Department Human Resources (DHR)
7	Resource Support	Provide equipment and supplies	Department of General Services (DGS)
8	Health and Medical Services	Coordinate medical care	Department of Health and Mental Hygiene
9	Search and Rescue	Coordinate search missions	Office of the State Fire Marshall, Maryland State Police and Local EMS
10	Hazardous Materials	Respond/assist in release incidents	Department of the Environment (MDE)
11	Food	Food Protection and Defense	Department of Health and Mental Hygiene
12	Energy/Utility	Facilitate restoration of services	Maryland Energy Administration (MEA)
13	Law Enforcement	Maintain standard of public safety	Maryland State Police (MSP)

14	Debris Management	Coordinate removal/disposal	Department of the Environment (MDE)
15	Donations Management	Receive and distribute goods	Maryland Emergency Management Agency (MEMA)
16	Animal Protection	Coordinate animal safety/sheltering	Department of Agriculture (MDA)

DHMH AS LEAD AGENCY

During an emergency, DHMH will address the associated public health ramifications, including the continuity of public health functions and the delivery of public health services, and act as the overall lead agency for ESF 8 Health and Medical Services. In this capacity, DHMH will coordinate the provision of emergency response (e.g., pre-hospital, hospital, and other) at the state level.

DHMH may engage in the following roles and responsibilities during the Four Phases of Emergency Management (mitigation, preparedness, response and recovery):

Mitigation

- Enhance disease surveillance to ensure early detection of the first cases of an infectious disease outbreak.
- Enhanced syndromic surveillance of symptoms to ensure early detection of disease development
- Mitigate disease transmission using a range of containment strategies.
- Assess response capabilities and identify measures for resolving any gaps.
- Review protocols for securing needed healthcare services, alternate care sites, and supplies both through and independently of the federal government during a public health emergency.
- Examine current legal authorities and recommend revisions if required.
- Provide the public with information about symptoms to watch for, how to limit interactions with ill persons, infection control precautions, and how to provide care of the ill at home in accordance with Federal guidelines.

- As needed, monitor visitors from affected countries and quarantine as necessary.

- Coordinate and assure public health intervention including antibiotics or other medical preventive treatment, vaccination, isolation, quarantine, and advice to the public regarding personal protection in collaboration with local public health, hospital, medical provider and federal partners.

- Coordination and dissemination of professionals and/or volunteers trained to address issues of Behavioral health as they relate to public health/medical or other emergency or traumatic event.

Preparedness

- Provide technical guidance to local health departments, public health workers, hospitals, businesses, schools, long-term care facilities, clinics, providers, pharmacies and others.

- Develop, maintain, exercise, improve and activate plans and procedures for: disease surveillance, control and prevention, including protocols for quarantine and isolation, and mass vaccination.

- Foster coordination and participation among private and public sector partners in planning and response process.

- Identify sources, assess availability of, and outline a process to recruit and train medical volunteers for provision of care and vaccine administration.

- Ensure that the state public health laboratory coordinates plans with clinical laboratories and provides training.

- Recommend or develop training and procedures for health sector employees.

- Monitor bulletins and other information from Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) sources.

- Coordinate planning and response activities with other State planning, training, and response efforts.

- Coordinate with State and Local government and private sector partners to develop emergency communication protocols with various types of media, private industry, academic, and nonprofit organizations.

- Secure formal or informal agreements with state's healthcare insurers, Medicaid, and healthcare product/service providers for cooperation with public health recommendations during a pandemic or other sustained public health emergency.

- Revise antiviral and vaccine priority groups as necessary based on new guidance from the CDC or WHO. Develop plans to provide vaccines and antiviral medications based on availability of supplies and priority groups.

- Ensure that state's annual vaccine program addresses at-risk/hard to reach populations and establish infrastructure to implement this program.

- Select and train a primary public spokesperson and alternates.

- Establish plans to coordinate state, local, and federal public messages and ensure they are consistent and timely.

- Provide assistance to local officials, in conjunction with the local health agency, to ensure the safety of food and water for human consumption during, and immediately following, a public health emergency.

Response

- Support all other emergency response activities in accordance with the direction of the Governor, the Secretary of the DHMH, and the appropriate Tiered Response.

- Act as overall ESF 8 (health and medical services) lead agency during a Public Health Emergency and coordinate and lead state agencies in response capacities.

- Bear catastrophic health emergency powers responsibilities.

- Conduct and oversee necessary public health investigation including surveillance, epidemiologic and environmental investigation in collaboration with federal, state agency, local public health, hospitals and medical provider partners.

- Distribute public stocks of antiviral drugs and vaccines and provide local physicians and hospital administrators with updated guidance on clinical management and infection control as the situation unfolds.

- Provide ongoing communication with the public (about the response effort, including the purpose and duration of containment measures).

- Facilitate provision of psychological and social support services to emergency field workers and other responders.

- Assess and document the progress of both immunization and spread of disease throughout the population.

- Keep healthcare systems and other partners and stakeholders informed of the status of a public health emergency.

- Consult with local public health officials, hospitals, nursing homes, and other health/medical facilities as appropriate to determine the magnitude and extent of public health/medical problems associated with a catastrophic disaster and assist local public health officials in developing appropriate strategies to address such problems.

- Submit written reports regarding the impact or potential impact of a disaster or emergency upon public health as required.

Recovery

- Assess damage to public health and healthcare systems and develop a phased recovery plan.

- Ensure the continuity and/or recovery of essential services.

- Develop alternate or non-traditional methods of providing public health and healthcare services in order to promote the recovery of the public health and other critical infrastructure/key resources following an emergency.

SUPPORT AGENCY RESPONSIBILITIES

Specific duties to be performed by state agencies in support of DHMH during a declared state of public health, medical, or other emergency, shall be determined on an ongoing basis, based upon the nature and extent of the emergency and the capabilities and resources of both DHMH and the supporting agencies.

Maryland Department of Agriculture (MDA), when acting in a supporting role may perform activities that include, but are not limited to:

- Conduct surveillance of zoonotic diseases.

- Implement procedures for responding to animal health emergencies.

- Provide leadership and technical expertise to local, state and federal authorities in the event of an outbreak of avian influenza.

Department of Natural Resources (DNR), when acting in a supporting role may perform activities that include, but are not limited to:

- Provide personnel and equipment support, in emergency law enforcement, evacuation or sheltering in-place, traffic control and public alerting operations, when requested by MEMA.

- Coordinate with the State Police and the Department of Transportation for air operations and air transportation services.

Maryland Emergency Management Agency (MEMA), when acting in a supporting role may perform activities that include, but are not limited to:

- Coordinate the overall emergency planning, preparedness and response of all state agencies in a pandemic.

- The Director of the Maryland Emergency Management Agency shall serve as the State Coordinating Officer (SCO).

- Maintain communication with DHMH regarding imminence or status of a public health emergency in Maryland. Coordinate the activation of the State Emergency Operations Plan in accordance with guidance from DHMH.

- Has overall responsibility for supporting both local government and state agency emergency operations pre-pandemic planning. Ensure that fire, public works and emergency management organizations complete emergency response plans, especially taking into account absenteeism, employee protective measures, and maintaining services.

- Inform the Governor, the Superintendent of the Maryland State Police, Executive Council, and the Legislature, as appropriate, of emergency operations.

- Facilitate the request for a presidential disaster declaration as appropriate.

- Oversee communications with the media.

- Coordinate continuity of operations planning and standards for state agencies and provide emergency support.

Office of Homeland Security (OHS), when acting in a supporting role may perform activities that include, but are not limited to:

- Coordinate with MEMA and DHMH to ensure timely situational updates regarding a public health emergency, and provide these to the Governor's Office.

- Monitor the progress of emergency preparedness planning and exercising in state agencies.

- Liaison with the Federal Department of Homeland Security regarding the state's pandemic influenza preparedness.

Office of the Attorney General (AG), when acting in a supporting role may perform activities that include, but are not limited to:

- Provide legal advice and opinions in support of state emergency operations to include preparing and reviewing proclamations and special regulations issued by the governor.
- Represent the State on legal issues for isolation and quarantine and other public health measures.

Office of the Judiciary, when acting in a supporting role may perform activities that include, but are not limited to:

- Establish policies regarding justice system continuity during and after a public health emergency. In particular, address modification of court schedules and operations (such as jury duty due) to accommodate social distancing techniques or high absenteeism.
- Provide guidance regarding civil rights and statutory issues.
- Ensure the maintenance of civil and criminal court systems.

Comptroller of Maryland, when acting in a supporting role may perform activities that include, but are not limited to:

- Coordinate and arrange for emergency funds to assist in the overall public health emergency response effort.
- Assist state and local governments with determining the value of losses sustained as a result of a pandemic.
- Assign personnel to assist with the compliance activities associated with the economic stabilization function.

Department of Aging, when acting in a supporting role may perform activities that include, but are not limited to:

- Identification of at-risk groups of elderly citizens and coordinate with DHMH to ensure plans account for their special needs.

- Assessment of geographical areas with high elderly populations that might require assistance with transport to prophylaxis, vaccination or antiviral dispensing sites.

Department of Budget and Management, when acting in a supporting role may perform activities that include, but are not limited to:

- Implement procedures and provide the necessary staff at the State Emergency Operations Center (SEOC) to support the state's responsibility in emergency banking and fiscal matters of an economic stabilization program.

- Assist state agencies in identifying potential additional costs associated with supporting local agencies during emergencies, and accompanying strategies to request appropriation authority for such additional costs.

Department of Business and Economic Development, when acting in a supporting role may perform activities that include, but are not limited to:

- Develop procedures to provide unemployment assistance to eligible individuals whose unemployment results from a declared disaster. It will also arrange for payment of benefits, under regular unemployment compensation laws, to eligible individuals in cases where a disaster has not been declared.

- Provide an estimate of the immediate economic impact of either a public health emergency, as requested by the Maryland Emergency Management Agency. Where possible and applicable, the Department shall provide estimated projections of long-range effects of each instance including: residents, businesses, and local, state, and federal agencies.

Department of Disabilities, when acting in a supporting role may perform activities that include, but are not limited to:

- Assist with coordination of assistive technology, interpreting, and mobility and medical equipment resources with local health departments and other state and local agencies and resources.

- Provide technical assistance on ADA issues including physical accessibility and accessible notification and information.

- Coordinate with other state agencies to prioritize and address special needs issues.

- Coordinate with appropriate local health departments, commissions and/or committees and agencies to meet special needs.

- Coordinate with non-governmental agencies and community, faith-based and volunteer organizations to meet special needs.

- Provide constituent service and referrals for people with disabilities and other special needs.

- Coordinate and assure the appropriate response to service animals.

- Initiate requests for assets for people with disabilities and other special needs that are not available at the local and state level.

- Assist with coordination of accessible transportation to other locations as required or requested.

- Coordinate education and public information with other agencies.

Department of Education, when acting in a supporting role may perform activities that include, but are not limited to:

- Coordinate with DHMH to develop a communication protocol between school systems and public health at the state and local level. This protocol should identify triggers, formats, and routes of communication. It should consider current and planned communication infrastructure.

- Coordinate with DHMH to develop protocols for closing and opening schools; canceling or suspending school activities; repurposing of school facilities, equipment, and vehicles; reassignment of non-school system employees (e.g. school nurses); screening of students and staff; and recommendations regarding prophylaxis, vaccines and antivirals for staff and students.

- Provide support and cooperation for mass vaccination of children and staff if required for mitigation in response to a disease outbreak

Department of the Environment, when acting in a supporting role may perform activities that include, but are not limited to:

- Waive, modify or suspend enforcement of environmental rules if necessary.

- Provide personnel to serve on an Interagency Hazard Mitigation Team/Hazard Mitigation Survey Team, following a presidential declaration of disaster or when requested.

- Provide guidance to assist authorities to manage and dispose of medical waste from vaccination or other healthcare measures during a public health emergency.

Department of General Services, when acting in a supporting role may perform activities that include, but are not limited to:

Identify any services that can be suspended during a public health emergency.

- Ensure that information regarding service suspensions is provided to the public.

- Identify any services, personnel, equipment, supplies, or buildings that could be useful resources to other departments, agencies, or organizations.

- Establish procedures for giving organizations access and use of services, personnel, equipment, supplies, or buildings.

Department of Housing and Community Development, when acting in a supporting role may perform activities that include, but are not limited to:

- Upon the declaration of a public health emergency in Maryland shall immediately inventory the availability of rental property suitable for temporary or long-term housing.

Department of Human Resources, when acting in a supporting role may perform activities that include, but are not limited to:

- Coordinate the Disaster Food Stamp Program for public health emergency victims.

- Provide USDA donated food to disaster relief agencies and emergency feeding programs, and assist with its distribution and storage through the Emergency Food Assistance Program (TEFAP).

- Coordinate with county social service agencies, to meet the childcare needs of public health emergency victims unable to care for their children.

- Coordinate with county social services to shelter populations in need of sheltering and/housing during a public health emergency event.

Department of Juvenile Services, when acting in a supporting role may perform activities that include, but are not limited to:

- Identify at-risk groups and coordinate with DHMH to ensure plans account for their special needs.

- Assess the need for assistance such as transport from juvenile centers or facilities to vaccination or antiviral dispensing sites.

- Coordinate public health emergency plans with organizations that provide services juveniles to ensure that they receive care during a public health emergency.

Department of Labor, Licensing, and Regulation, when acting in a supporting role may perform activities that include, but are not limited to:

- Support the Department of Business and Economic Development in the management of personnel services at state and regional emergency operations centers during a disaster, and assist in the development of emergency employment utilization procedures.

- Interface with union officials and appropriate representatives to develop strategies for resolving conflicts between labor organizations and state agencies during a public health emergency.

- Provide support to state agencies in the management of labor contracts during emergency operations, ensuring fair, uniform and consistent interpretation of contract language.

Department of Planning, when acting in a supporting role may perform activities that include, but are not limited to:

- Advise the SEOC on preservation of Historic Places and the environment during public health emergency influenza response.

- Provide additional social, economic, and geographic information relating to the State to the SEOC as necessary.

- Provide technical services to support the planning and management capacity of local governments, as related to public health emergency preparedness, response, continuity of operations, and recovery, to local governments, business, organizations, and the public.

Department of Public Safety and Corrections, when acting in a supporting role may perform activities that include, but are not limited to:

- Coordinate public health emergency plans for correctional facilities, particularly prophylaxis, vaccination and antiviral plans.

- Develop and implement control measures to prevent the introduction and spread of an influenza public health emergency, to include policies and procedures for restricting visitors, encouraging staff absences, and isolation and quarantine.

Department of Transportation, when acting in a supporting role may perform activities that include, but are not limited to:

- In coordination with neighboring States and communities, the private sector, transportation providers, and DHMH, develop transportation contingency plans that identify a range of options to respond to different stages of a public health emergency, including support for public health containment strategies, maintaining State and community functions, transportation restriction options and consequences, delivery of essential goods and services, and other key regional or local issues.

- Implement highway traffic management plans and procedures for the regulation of highway travel, as needed.

- Coordinate air transportation and reconnaissance with the FAA, Airports, Military Department, Department of Natural Resources, State Police, and general aviation, as requested.

- Coordinate emergency relief efforts with the motor carrier industry to enlist their assistance in emergency response efforts.

Department of Veterans Affairs, when acting in a supporting role may perform activities that include, but are not limited to:

- Coordinate public health emergency influenza plans with Veteran's Administration (VA) hospitals, Veterans' Organizations such as the Veteran's of Foreign Wars (VFW), state and local emergency management and DHMH.

- Assess the need for assistance such as transport to prophylaxis, vaccination or antiviral dispensing sites.

Maryland Institute for Emergency Medical Services System, when acting in a supporting role may perform activities that include, but are not limited to:

- Implement a statewide emergency medical services radio communication plan in the event of a public health emergency.

- Notify MIEMSS regional medical directors, jurisdictional and commercial EMS operational programs of status of public health emergency phases and when to activate public health emergency response plans.

- Coordinate resources for local ambulance providers including arranging for transportation and medical services for patients requiring an ambulance, and for the evacuation of health/medical facilities, when requested.

- Coordinate Critical Incident Stress Debriefing (CISD) support to fire and rescue personnel as needed.

Office of the Chief Medical Examiner, when acting in a supporting role may perform activities that include, but are not limited to:

- Manage the investigation of deaths in a public health emergency.
  The Office of the Chief Medical Examiner (OCME) is an arm of DHMH responsible for investigating deaths. As such, in the event autopsy is deemed necessary, this would be preformed by the OCME.

State Anatomy Board, (the State Anatomy Board is an arm of DHMH responsible for caring for the State's deceased); therefore when acting in a supporting role **it** may perform activities that include, but are not limited to:

- Develop a plan for dealing with mass mortality, including transportation and the burial of bodies.

- In the event of a mass fatality event, the State Anatomy Board would implement its Mass Fatality Plan that provides for proper identification, forensic procedures, preparation of bodies for burial or cremation, storage of bodies, and interstate transport according to protocols.

Maryland State Colleges and Universities, when acting in a supporting role may perform activities that include, but are not limited to:

- Assess facilities within the network for capacity and equipment. Assist state and local government by providing facilities as needed during a public health emergency.

- Identify a public health emergency coordinator and response team (including campus health services and mental health staff, student housing personnel, security, communications staff, physical plant staff, food services director, academic staff, and student representatives) with defined roles and responsibilities for preparedness, response, and recovery planning.

Maryland Military Department, when acting in a supporting role may perform activities that include, but are not limited to:

- Prepare and maintain plans and procedures to support civil authorities when a public health emergency exceeds state and local resources (Maryland National Guard and State Defense Force).

State Police when acting in a supporting role may perform activities that include, but are not limited to:

- Make field agents available, when possible, to assist other state agencies with search and rescue, evacuation and traffic control, and law enforcement, during a disaster.

- Provide escorts for delivery to and return from the pre-designated RSS of SNS assets through coordination with the DHMH SNS coordinator, in order to ensure the safety and security of all SNS assets.

- Review state and local authorities and protocols for maintaining public order during a public health emergency.

- Be responsible for law enforcement and traffic control on all interstate and state trunk highways during a public health emergency and during mass vaccination and mass prophylaxis.

The State Police is responsible for providing personnel to operate the radio console in the State Emergency Operations Center (SEOC), during exercises, drills and emergencies, if needed.

- Provide backup radio operators to operate the radio console in the SEOC, as needed.

NON-GOVERNMENT ORGANIZATIONS

Non-government organizations (NGO's) consist of:

- Faith-based and Community-based Organizations

- Healthcare Facilities

- Private-sector Organizations and Businesses

The assistance of NGO's in the support of DHMH during the course of a public health, medical, or other emergency event is encouraged. Specific duties and/or resources to be provided or performed by any of these organizations is dependent upon the nature and extent of emergency, and shall be coordinated based upon the needs of DHMH as part of ongoing situational awareness updates.

Faith-Based and Community Organizations

During a public health, medical or other threat to the State of Maryland, the support of Faith-based and/or community organizations is encouraged. Such organizations have a vital role in preparing the community for such an event, and are also important to the collection and dissemination of volunteer donations. Although it is beyond the scope of DHMH OP&R to specifically designate what duties shall be performed by such organizations, it is anticipated that Faith-based and Community organizations may perform activities that are inclusive of, but not limited to the following:

- Assign key staff with the authority to develop, maintain, and act upon a public health emergency preparedness and response plan.
- Plan for situations likely to require increasing, decreasing, or altering the services the organization delivers.
- Identify and train essential staff needed to carry on the organization's work during a public health, medical or other emergency event.
- Communicate with, and educate staff, organization members, and persons in the community that are served by the organization.
- Advise staff members and persons in the community serviced by the organization to follow information provided by public health authorities – State and local health departments, emergency management agencies, and HHS.

Healthcare Facilities

Healthcare facilities are called upon in the event of a public health, medical or other emergency as part of a cooperative effort with DHMH to ensure patient safety, evacuation (when and if necessary), treatment of injured or adverse health impacted persons, and to serve as Points of Distribution (POD) for mass vaccination or other mass medical prophylaxis. Some of the responsibilities healthcare facilities may assume, include, but are not limited to:

- Develop plans for response to public health emergencies. These plans should be developed by an interdisciplinary team and should be well integrated and coordinated with the facility's plans for other emergencies.

- Develop an internal and external communication plan. The infrastructure for communication should follow the Incident Command System.

- Develop an education and training plan that addresses the needs of staff, patients, family members, and visitors.

- Ensure protection of healthy workers from exposures in the healthcare setting through the use of recommended infection control measures; appropriate evaluation management of symptomatic and ill healthcare personnel; distribution and administration of antiviral drugs and/or vaccines to healthcare personnel, as recommended by HHS and DHMH; and provision of psychosocial services to health care workers and their families to help sustain the workforce.

- Establish systems to effectively screen workers for respiratory symptoms; reinforce proper use of personal protective equipment (PPE), hand hygiene and other infection control measures; review time-off policies and have a plan for reassignment of high-risk personnel (e.g., pregnant women, immune compromised staff) to low risk duties; promote annual influenza vaccination; and develop a plan to rapidly administer vaccine and antivirals should they become available.

- Determine in advance what criteria and procedures they will use to limit non-patient access to the facility if a public health emergency spreads through the community. Any variation from normal healthcare access should be communicated to patients, staff and visitors.

- Develop criteria or thresholds for temporary closure of the hospital to new admissions and transfers. The criteria should consider staffing ratios, isolation capacity, and risks to non-infectious patients.

- Develop a plan for security including assessment of building for security/access risks; a defined method of identification of staff and visitors; and enforcement of access by healthcare security services. Local law enforcement should be informed of the plan, however; they might be overburdened during a public health emergency and therefore will have limited ability to assist healthcare facilities with security services.

- Develop efficient systems to: 1) identify patients with an infectious disease versus the worried well; 2) physically separate suspect affected patients from other patients during waiting and triage to reduce risk of disease transmission; and 3) determine whether hospitalization is required.

- Develop plans to enhance their capacity to triage. These can be on campus (e.g., additional outpatient clinics, temporary shelters, alternate care sites/facilities) or off campus at extension clinic sites.

- Address emergency staffing needs and increased demand for isolation, ICUs, beds, assisted ventilation services and consumable and durable medical supplies.

- Address how essential medical services will be maintained for persons with chronic medical problems served by the healthcare facility (e.g., hemodialysis patients, drug infusion therapy).

Private-sector Organizations and Businesses:

Private-sector organizations and businesses play an integral part in the State's ability to effectively prepare for, respond to and recover from emergency incidents. Participation in DHMH OP&R sponsored emergency preparedness exercises has helped prepare those organizations constituting our critical infrastructure and key resources for vital roles inclusive of, but not limited to:

- Identify a public health emergency coordinator and/or team with defined roles and responsibilities for preparedness and response planning. The planning process should include input from labor representatives.

- Identify essential employees and other critical inputs (e.g., raw materials, suppliers, sub-contractor services/products, logistics, etc.) required to maintain business operations by location and function during a public health emergency.

- Train and prepare ancillary workforce (e.g., contractors, employees in other job titles/descriptions, retirees).

- Develop and plan for scenarios likely to result in an increase or decrease in demand for your products and/or services during a public health emergency (e.g., effect of restrictions on mass gatherings, need for hygiene supplies).

- Determine potential impact of a public health emergency on organization or business financials using multiple possible scenarios that affect different product lines and/or production sites.

- Determine potential impact of a public health emergency on organization-related domestic and international travel (e.g., quarantine, border closures).

- Forecast and allow for employee absence during a public health emergency due to factors such as personal illness, family member illness, community containment measures and quarantines, school and/or business closures, and public transportation closures.

- Implement guidelines to modify frequency and type of face-to-face contact (e.g., hand-shaking, seating in meetings, office layout, shared workstation) among employees and between employees and customers.

- Evaluate and improve access to and availability to mental health and social services during a public health emergency, including corporate, community, and faith-based resources, and improve services as needed.

- Identify employees and key customers with special needs, and incorporate the requirements of such person into your preparedness plan.

- Establish policies for employee compensation and sick leave absences unique to a public health emergency (e.g., non-punitive, liberal leave), including policies on when a previously ill person is no longer infectious and can return to work after illness.

- Establish policies for flexible worksite (e.g., telecommuting) and flexible work hours (e.g., staggering shifts).

- Establish policies for preventing disease spread at the worksite (e.g., promoting respiratory hygiene/cough etiquette, increasing social distancing among employees and between employees and customers, and prompt exclusion of people with influenza symptoms).

- Establish policies for personnel who have been exposed to public health emergency such as an infectious disease, are suspected to be ill, or become ill at the worksite (e.g., infection control response, immediate mandatory sick leave).

- Establish policies for restricting travel to affected geographic areas (consider both domestic and international sites) and for evacuating employees working in or near an affected area when an outbreak begins, and establish guidance for employees returning from affected areas.

- Set up authorities, triggers, and procedures for activating and terminating the organization's response plan, altering business operations (e.g., shutting down operations in affected areas), and transferring business knowledge to key employees.

- Provide sufficient and available infection control supplies. The deployment of infection control measures requires the ready availability of soap and water, hand sanitizer, tissues and waste receptacles, environmental cleaning supplies, for the duration of a public health emergency.

- Enhance communications and information technology infrastructure as needed to support employee telecommuting and remote customer access.

- Ensure availability of medical consultation and advice for emergency response.

- Develop and disseminate programs and materials covering public health emergency fundamentals (e.g., signs and symptoms of influenza, modes of transmission), personal and family protection, and response strategies (e.g., hand hygiene, cough/sneeze etiquette, contingency plans).

- Disseminate information to employees about the organizational public health emergency preparedness plan.

- Develop platforms (e.g., hotlines, dedicated websites) for communicating public health emergency status and actions to employees, vendors, suppliers, and customers inside and outside the worksite in a consistent and timely way, including redundancies in the emergency contact system.

- Identify community sources for timely and accurate public health emergency information (domestic and international) and resources for obtaining countermeasures (e.g., vaccines and antiviral medications).

- Collaborate with Federal, State, and local public health agencies and/or emergency responders to participate in their planning processes, share your public health emergency plans, and understand their capabilities and plans.

- Communicate with local and/or State public health agencies and/or emergency responders about the assets and/or services your business could contribute to the community.

- Share best practices with other businesses in your community, chambers of commerce, and associations to improve community response efforts.

DHMH AS SUPPORTING AGENCY

Maryland DHMH ESF - 8 Public Health and Medical Services Operations Plan provides support for both federal and local agencies in response to emergency, threat, or other incident requiring an emergency medical response. Among the federal, state and/or local agencies to which Maryland ESF 8 provides support are:

- USDA: United States Department of Agriculture
- DOC: Department of Corrections (Maryland)
- DOD: Department of Defense
- DOD/USACE: Department of Defense United States Army Corps of Engineers
- DOE: Department of Energy
- DHS: Department of Homeland Security
- DHS/USCG: Department of Homeland Security/United States Coast Guard
- DOI: Department of the Interior

- DOJ: Department of Justice
- DOL: Department of Labor
- DOS: Department of State
- DOT: Department of Transportation
- MDE: Maryland Department of the Environment
- MDAG: Maryland Department of Agriculture
- VA: Veteran's Administration
- GSA: General Services Administration
- USAID: United States Agency for International Development
- USPS: United States Postal Service
- ARC: Association of Retarded Citizens

As a support agency, DHMH ESF - 8 coordinates public health and medical support, assists with patient evacuation and movement requirements; assists in the assessment of food safety; assists with sheltering activities, and provides support for public health matters from radiological incidents.

Maryland DHMH ESF – provides direct support to ESF – 6: Mass Care, Emergency Assistance, Housing, and Human Services. Support may consist of, but is not limited to:

- Provision of professional volunteers as requested by ESF – 6
- Provision of Mental Health practitioners and related professionals for shelter providers and evacuees
- Public Health and medical guidance for infection control

Requests for DHMH Assistance and Support

All public health related requests are generated at the local level first. If the local health department cannot fill the request, it is then forwarded to the Local Emergency Management Agency (EMA). In the event the local EMA cannot locate or does not have access to the resources needed, then the request is forwarded to the MEMA SEOC via a formal EMAC request; that request is then forwarded to DHMH.

The chart below provides an overall view of the roles and responsibilities of the DHMH as both a lead agency and as a support agency. The chart also delineates the primary and support roles of other State of Maryland agencies involved in emergency preparedness, response and recovery.

AGENCY /	POL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
MDoA		S					S										
MDA						S			S		S	S			S		P
DAT						S											
AG	X																
DBM			P			S		S									
DBED						S											
Comptroller														S		S	
MDOD		S	S				S					S					S
MSDE							S					S					
MEMA	X		S			P		S					S		S	P	
MEA						S							P				
MDE				S					S		P				P		
OSFM		S			S										S		
Fire Desk/MFRI					P												
DGS			S	P				P							S	S	
Governor	X																
DHMH						S	S		P			P			S		
DHCD						S	S										
DHR							P										
MIA						S											
DJS																S	
DLLR											S						
MIEMSS			S			S			S								
DMIL	X																
DNR		S		S	S	S					S			S	S		
MDP						S	S										
DPSCS														S	S		
PSC			S			S							P				
MSP		S	S			S			S					P		S	
MDOT		P	S	S		S			S				S	S	S	S	

P = Primary or lead agency S = Support agency
Explanation of acronyms is located in the Appendix.

CONCEPT OF OPERATIONS

A. Core Function Actions

Assessment of Public Health/Medical Needs

Preparation, Response, & Recovery

Assessment of public health needs is accomplished on two fronts: gap analysis evaluation of capacity for response, and direct assessment of hard tools to determine capability for response. For the purposes of DHMH OP& R ESF-8 Operations Plan and overall emergency preparedness, capacity is defined as the ready availability of personnel to effectively mitigate a public health emergency in the jurisdiction of a LHD. Capability is defined as the availability and operational readiness of equipment and hard tools necessary to assist in the mitigation of a public health emergency. Hard tools are inclusive of, but not limited to: cellular telephones, VoIP, satellite phones, HAM radios, computers, buildings and/or facilities, and any such tools and/or resources which may be utilized to enhance LHD and certified emergency responder preparation for, response to, or recovery from a public health or medical emergency incident.

Each LHD is provided a questionnaire that helps assess their state of emergency preparedness. Gaps in capacity to respond are identified, evaluated, and a strategy for improvement is suggested, designed, implemented and then tested. Ongoing assessment of capability is conducted by each LHD with DHMH OP&R being notified of needs and strategies to improve capability. In the event of an emergency incident or public health threat LHD's notify OP&R of increased needs for capability. Dependent upon type and size of incident or threat, the determined necessary assistance is provided utilizing ESF-8 surge protocols.

Ongoing assessment of public health and medical needs is accomplished via daily tracking of symptoms and syndromes (syndromic surveillance) that may be indicative of possible contagious illness, infection, or other public health threat. Syndromic surveillance is conducted by DHMH epidemiologists and the surveillance team using the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE). LHD's notify the DHMH OP&R physician-on-call of all occurrences of reportable infectious diseases or other illness that may indicate or pose a threat to human health and sustainability. These diseases include, but are not limited to: Rabies, West Nile Virus, and Lyme disease.

To ensure public safety and expedite early intervention in the event of disease outbreak, the immediate reporting of certain diseases by telephone is required of all LHD's health care providers, and other emergency responders. Those diseases necessitating immediate notification and alert include, but are not limited to: Rabies, Dengue fever, and Plague.

Health Surveillance

Preparation Phase

The DHMH OP&R conducts, monitors or obtains data from several epidemiological surveillance activities to help identify the presence of an emerging public health threat in Maryland. Early detection of these potentially dangerous threats allows for the early initiation of interventions and reduces the burden on the healthcare system.

Currently, available surveillance data are a combination of traditionally acquired information on cases of disease, together with information drawn from newer automated electronic syndromic surveillance systems. The newer systems collect data on the symptoms and signs of disease, rather than confirmed cases of disease. These advanced systems allow for a more rapid detection of illness, whether biologically or chemically caused, than is possible with traditional, case-based reportable disease notification.

Data sources are reviewed and analyzed on a daily basis. A weekly summary of the biological intelligence analysis (weekly Public Health and Emergency Preparedness Bulletin) is produced and distributed to local and state agencies, the healthcare system, and other response partners.

Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE):

ESSENCE is a web-based syndromic surveillance system designed for the early detection of disease outbreaks, suspicious patterns of illness, and public health emergencies. ESSENCE provides situational awareness of the health of Maryland residents on a daily basis, as well as during public health incidents and emergencies. ESSENCE incorporates traditional and non-traditional health indicators from multiple data sources, including Emergency department chief complaints, over-the-counter medication sales, and poison control center data, grouped into syndromes to detect aberrations in the expected level of disease. Suspected cases and clusters are investigated to determine their significance as a potential public health threat and response protocols are initiated when necessary.

Response Phase

The local health departments send data on both confirmed and suspected cases to the Surveillance team. The Surveillance team utilizes ongoing surveillance and public health investigation conducted either by case investigation team, field investigation team, or epidemiology team depending upon the nature, extent and severity of health incident requiring investigation.

In the presence of confirmed public health incident requiring ESF-8 support, public health intervention for health surveillance is accomplished by way of non-pharmaceutical measures,

pharmaceutical measures, environmental management, laboratory services, and/or medical management. The determination of what measures or combination of measures are necessary for a particular incident, and at what phase of preparedness, response, and recovery they may be needed, is dependent upon the type and extent of public health incident.

Recovery Phase

Once a public health incident is determined to be in the recovery stages, measures enlisted during the response phase will continue as needed and as determined necessary to restore normal functioning of the community at large. Details of health surveillance are located in this document in the section: Epidemiology and Surveillance.

Medical Care Personnel

There are two components to the ESF-8 Core Function of Medical Care Personnel. First, the ESF-8 Plan addresses protocols in place for the deployment of Medical Care Personnel in the event a public health or medical emergency should overwhelm the resources of local counties and/or jurisdictions. Second, the ESF-8 Plan addresses the actual care of medical personnel who become ill or otherwise incapacitated as a direct result of a public health, medical, or other emergency event while in active work status during the emergency event.

Deployment of human and other resources is accomplished using the Maryland Response Tier System (detailed in this document on pages 55-59). When the available medical care personnel resources of a county or jurisdiction are overwhelmed, a request may be put forward to DHMH by the local EOC to deploy additional medical care personnel. The request may be fulfilled either through the activation of the Maryland Professional Volunteer Corps (MPVC) or the deployment of DHMH medical care staff. The MPVC is a cadre of certified and licensed medical and health specialty personnel who have agreed to render services to the State in the event of any emergency. MPVC member specialties are inclusive of, but not limited to: physicians (primary care, neurology, internal medicine, etc), registered nurses, nurse practitioners, physician assistants, mental and behavioral health specialists, veterinarians, and others.

If an emergency is of such impact as to expend the resources of the State, The SEOC may request deployment of human resources from other states via the Emergency Management Assistance Compact (EMAC). Per the NRF, in the case of an emergency event having national impact, a contingent of the Federal arm of ESF 8 can be deployed via Stafford Act request from the SEOC.

Each hospital within the State of Maryland is required to have a Hospital Preparedness Plan (HPP), and to have tested components of the plan as they relate to emergency event medical surge, treatment of patients during an emergency event, dissemination of antivirals and/or other prophylaxis, and working with a reduced contingency of staff. Thus, as part of the

overall HPP, each medical care facility will have planned for the care of their personnel during an emergency event, with assistance at the State level only as needed.

Health/medical/veterinary equipment and supplies

Veterinary health, medical, equipment and supplies are monitored by the Maryland Department of Agriculture (MDA)**.** Specifically, the MDA manages routine animal health field operations and readiness. The MDA shares emergency veterinary responsibilities with the American Veterinary Medical Association (AVMA) and the Maryland State Animal Response Team (MSART).

In a collaborative effort, these three agencies operate to carry out the activities of Maryland's ESF 16 – Animal Protection. Among the activities coordinated by the MDA and its support agencies during an emergency event wherein animal health, medical, equipment or supplies may be affected are:

- Investigation of animal borne illness
- Implementation of quarantine as deemed appropriate and/or necessary.
- Distribution of curable and preventive veterinary medicines
- Coordination of methods of disposal for affected and/or euthanized animals in collaboration with DHMH and MDE.

Additional information may be accessed at the MDA website: http://www.mda.state.md.us/news_let_arch/newsletters/200810.htm - The title of the link is: Preparing for Animal Emergencies.

Patient Evacuation

Patient Evacuation is coordinated at the individual hospital and long-term care facility level. As part of each hospital's requirements for accreditation by the Joint Commission of Accreditation for Healthcare Organization (JCAHO) a patient evacuation plan must be in place. Additionally, as a requirement to be a licensed hospital, long-term care facility, or an assisted living facility in Maryland, the Office of Healthcare Quality requires each facility to have an evacuation plan.

Patient Care

Regular meetings and training sessions are conducted to ensure all hospital personnel of all are familiar with the demands and necessary actions to be performed during a public health and/or medical emergency. Local health departments, acute care hospitals, and emergency medical services have developed, tested, and refined emergency preparedness plans that describe operating procedures for various types of incidents and have systems in place for upgrading preparedness plans.

Each hospital is required to have an on-site emergency preparedness plan and to structure and implement on-site training and preparedness drills and exercises to enhance use of NRF and NIMS Incident Command System (ICS) structure and roles. In addition, the Maryland Hospital Association (MHA) provides training for preparedness and technical expertise to all Maryland hospitals.

Response

Maryland emergency medical services, poison control centers, and rural and urban hospitals use the National Electronic Disease Surveillance System (NEDSS) and the Health Alert Network (HAN) to report suspicious data. Information from these systems is centrally analyzed daily for trends.

Maryland has the capacity to produce approximately 6,000 surge beds. Every intrastate Health and Medical Region has at least one hospital with an isolation room and every region has at least one hospital with 10 or more isolation rooms. The Medical Surge Plan: Public Health and Medical Surge Capacity and Capability Incident Response Annex, can be accessed on the DHMH website under the link: Emergency Preparedness.

Safety and Security of Drugs and Medical Devices

All supplemental drugs, biologics, and medical devices are supplied via the Strategic National Stockpile (SNS).

The SNS is a Federal asset managed jointly by the Department of Homeland Security (DHS) and Department of Health and Human Services (HHS), and is activated through the Centers for Disease Control and Prevention (CDC). It is comprised of antibiotics, antidotes, medical supplies, medical equipment, and certain controlled substances to be used by the State in response to any public health and/or medical emergency.

A formal request for SNS activation follows consultation between the governor, the Secretary of DHMH and/or the Secretary's designee, and the CDC based on epidemiological information provided by the DHMH.

Preparation

On-going training, education and coordination at local hospitals, health departments, and military organizations are conducted by DHMH OP & R personnel.

Response

Once DHMH has received the Governor's approval to activate SNS assistance for a state-wide event, the Receipt, Stage and Storage facility (RSS) is activated to receive SNS assets.

All materials for the RSS are escorted via state law enforcement. Coordination of needed supplies is based upon local request and stock on hand via SNS supply.

Recovery

DHMH OP& R coordinates and retrieves any unused SNS assets and recovers them. Transportation back to the RSS is conducted under escort of local law enforcement. All returned medicines and medical equipment are consolidated at the RSS and then shipped back to the CDC.

Blood and Blood Products

The DHMH Laboratories Administration is responsible for the secure labeling, chain of custody, secure storage, transportation, analytical processing, quality assurance and quality control of all blood and blood products.

In the event of a public health or medical emergency, the Laboratories Administration has established priorities and protocols for specimen collection, handling, and testing, as well as surge of the Maryland Laboratory capability through the Lab Response Network (LRN). The DHMH Laboratories Administration website may be assessed via: http://dhmh.maryland.gov/labs/ for additional information.

Food, Food Safety and Security

DHMH, through the Office of Food Protection and Consumer Health Services (OFPCHS), seeks to reduce the risk of food-borne illness by enforcing the hygienic handling of food in food facilities and minimizing the risks of exposure to contaminated food. OFPCHS also takes the lead in improving food security within the State.

The DHMH is lead agency for ESF – 11, Food Security and Food Safety. One of the primary purposes of ESF-11 is to ensure the safety and security of the commercial food supply after a natural or man-made event may have compromised food sources or the food supply chain. Through efforts coordinated under ESF-11, bulk food and water resources are organized as necessary in support of emergency response and recovery.

OFPCHS staff is trained to conduct environmental investigations in the event of a food borne illness outbreak, and can provide technical support and assistance to local health departments involved in the emergency response. Program staff also coordinates and manages State wide response activities, acting as intermediaries between local health departments and state and federal agencies (e.g. FDA, USDA, Maryland Department of Agriculture, etc.).

Preparation

The OFPCHS conducts regular and timely enforcement and epidemiological investigations of food establishments, food processing plants, and related food businesses and supports the activities of the local health departments carrying out similar tasks in restaurants and retail outlets. OFPCHS also conducts training in the prevention of food contamination, ensuring that food establishments have vital resources and knowledge to ensure the safety and security of food and food products. The ongoing surveillance of known food contaminants and food-borne pathogens is conducted as part of preparedness, response and recovery as well as the general maintenance of safety and security throughout food handling industries and organizations within the state.

Response

In the event of a food-borne illness outbreak or public exposure to contaminated food at the retail level, (e.g. restaurant, retail food store, etc.), the Office of Food Protection and Consumer Health Services have the following responsibilities:

- To advise local health departments regarding conducting environmental investigations and implementing controls such as immediate closure, destruction of food, sample collections and transport to State Laboratory.

- To investigate the food supply chain for sources of potentially suspect food, conducting environmental investigations and implementing controls such as immediate closure, destruction of food, sample collections and transport to State Laboratory.

- To notify other agencies as required, including local health departments, Departments of Agriculture, FDA, USDA and other Federal and/or State agencies;

- To provide guidance to the public as needed in conjunction with the Incident Command Public Information Officer;

- To provide guidance to retail establishments in conjunction with the retail food industry organizations and to food processors.

Recovery

In the event of food-borne illness or contamination, food recalls are initiated to reduce public exposure and are most frequently undertaken in coordination with the FDA and the USDA both at the State and local health department levels. Product testing is used to verify elimination of the source of the problem.

Agricultural Safety and Security

DHMH works in conjunction with the Maryland Department of Agriculture (MDA), Food and Drug Administration (FDA) and the U.S. Department of Agriculture (USDA) to oversee and ensure containment when meat and agricultural products have been adversely affected and entered the food supply chain.

Preparation

In preparing for possible acts of agroterrorism, DHMH and MDA work together to ensure State food safety under the auspices of the FBI. State technical experts are supplemented and supported in this activity by specialists from various segments of the FDA and USDA that add to the capabilities of the group.

The MDA and USDA conduct on-going field safety and security programs at the farms and some agricultural plants such as slaughter houses. DHMH conducts on-going safety and security inspections covering the processing of food and other agricultural products and/or by-products and their delivery to the general public via restaurants and retail outlets.

Response

The DHMH organizes the testing of milk and other agricultural products suspected of being exposed to contamination. The Department also serves as a communication center providing updates on event status and/or contamination status and guidance on remedial actions to be taken. The DHMH collects samples of contaminated agricultural products for testing purposes.

Recovery

The DHMH is involved in determining what long-term testing needs to be continued to confirm food safety, verification of contamination source, cleaning, and re-commissioning of agricultural centers, and food facilities. Further, in conjunction with the MDA, USDA and MDE, DHMH is involved in the collection and disposal of contaminated food, animals, and other agricultural by-products.

DHMH acts in support of ESF-16 (MDA lead teams) in the event of an agricultural based state-wide emergency condition.

All –Hazard Public Health and Medical Consultation

DHMH operates in the position of support to local and community agencies to provide all-hazard public health, medical consultation, and technical assistance.

Preparation

DHMH works with local health system planners (i.e. nursing homes, hospitals, etc.) and health system responders to develop their own preparedness plans. Support is given by way of subject matter expertise and incident knowledge and tactics. Technical support is provided as needed to develop and maintain readiness for response in the event of an actual emergency condition.

Response

During a public health or medical emergency event, DHMH acts to support local agencies by providing updated information and medical consultation by way of continued subject matter and tactical expertise. The DHMH provides notice to the public and those agencies involved in response regarding containment and the spread of biological, chemical, or radiological contaminants.

Recovery

DHMH provides recommendations for the development of an After Action Report (AAR) following the mitigation of a public health or other emergency event; conducts an ongoing assessment of conditions, surveys possible long-term effects; and determines the need for on-going, intermittent, or any subsequent action or follow-up activities.

It should be noted that throughout the active phases of an emergency event (response and recovery), DHMH maintains contact with the Maryland State Emergency Management Agency (MEMA). Together these agencies monitor the development and mitigation of the emergency event.

Behavioral Health

The DHMH OP&R makes available information pertaining to behavioral health issues as they relate specifically to emergency and traumatic events on its website. The website is accessible to the general public, local health departments, and other emergency responders. The site contains articles and tips and links to additional information on handling behavioral health issues that may occur in response to a public health emergency.

In recognition of the fact that emergencies and other traumatic events may result in behavioral and/or mental health impact, the DHMH OP&R website

(http://bioterrorism.dhmh.state.md.us) lists information and web hyperlinks for resources to help address the needs of those family or community members experiencing crisis due to an emergency event.

In the event of an actual public health and/or medical emergency or other traumatic event, information regarding behavioral health teams and how to contact such personnel will be made available both on the DHMH OP&R web site and via media. During all phases of an event, preparedness, response and recovery information shall be made available to the public using the web site and a designated DHMH OP&R spokesperson as deemed necessary or requested to the type and extent of public health event.

To further enhance mitigation of behavioral health issues, credentialed members of the Maryland Professional Volunteer Corps (MPVC) may be deployed to emergency or trauma sites to provide support. MPVC members specializing in behavioral health consist of, but are not limited to: physicians and nurses having a psychiatric specialty, psychologists, social workers, and clergy trained in psychological first aide. Corps members may be deployed throughout the state and to other states as deemed necessary or as requested.

Public Health and Medical Information

The DHMH Office of Preparedness and Response maintains a website, available to the general public, wherein information regarding public health incidents may be accessed. Educational materials pertaining to possible incidents of public health concern, preparedness advice, techniques and tools for preparedness actions are also maintained on the website. In the event of a public health and/or medical emergency, information will be updated according to public need at each phase of the emergency: i.e. preparation, response, and recovery. The website address is: http://bioterrorism.dhmh.state.md.us/.

Information specific to the incident response phase may also be made available to the public by use of public media and a designated information officer or other DHMH OP&R representative.

Vector Control

A wide variety of animals in Maryland are vectors for disease transmission. The Maryland Department of Agriculture (MDA) is the primary agency responsible for vector control. In this role, the MDA initiates and oversees programs monitoring the growth, movement, and impact of such vector species. The MDA also oversees the management of programs aimed at eradicating and/or minimizing the impact of plant pests that may cause undue damage to crops and agricultural products. More information regarding the role of the MDA may be accessed at their website: http://www.mda.state.md.us/.

Other vector transmitted diseases such as Lyme disease, are monitored by the DHMH Community Health Administration (CHA) through the office of Epidemiology and Disease

Control Programs (EDCP). Additional information can be viewed at the CHA EDCP website: http://edcp.org/vet_med/lyme_disease.cfm.

Potable Water/Wastewater and Solid Waste Disposal

The Maryland Department of Environment (MDE) is responsible for assessing quality of drinking and potable water, and for the management of solid waste disposal. Solid waste disposal is defined based on its origin: medical waste (generated by healthcare, research and other medical facilities and/or laboratories) or environmental waste (generated by individuals, stores, etc.).

Measures for disposal of medical generated solid waste involve, but are not limited to:

- Issuance of special permits for the disposal of medical generated solid waste
- Regulation of solid waste via environmental and state enforced regulations
- Implementation of a sharps disposal waste management program by the Maryland Hospitals for a Healthy Environment (MD HE) by way of a grant backed by the MDE.
- Encouragement for the creation of innovative programs that effectively address and produce vital reduction of non-biodegradable and environmentally persistent medical products and medically generated waste through the provision of grants, technical advice and subject matter expertise.

The MDE conducts investigations of water contamination and the DHMH issues certification for drinking water.

Mass Fatality Management

The responsibilities of mass fatality management are coordinated among several agencies in the State. These include the DHMH ESF-8 PHMOP via the Office of the Chief Medical Examiner (OCME) and the State Anatomy Board (SAB). No one jurisdiction assumes the sole responsibility for mass fatality management.

Mass fatality management planning encompasses an all-hazards approach, giving special emphasis to Pandemic Influenza, communicable diseases, and radiological contaminated remains.

Fatalities will be managed primarily by local counties or jurisdictions until:

- A death is determined to satisfy criteria for an investigation or management by the Office of the Chief Medical Examiner.
- The number of deaths significantly impacts or exceeds the capabilities of the local county or jurisdiction to respond or manage the event; or
- Otherwise instructed by the Secretary of Health.

In the event of the need for mass casualty management::

- Every effort will be made to conduct retrieval, storage, and final disposition in a manner that is respectful and dignified.

- Standard Universal Precautions will be recommended for all personnel responsible for the management of deceased (retrieval, transport, storage, and final disposition); unless more advanced personal protective equipment is otherwise recommended or required.

- Take into consideration, as much as is possible and dependent upon the nature of the public health or medical emergency event, the cultural, religious, and family preferences of survivors of the deceased.

- Local health departments will maintain a list of licensed funeral homes operating throughout the county or jurisdiction.

- The conventional methods for managing fatalities and the deceased will continue as long as possible, until circumstances dictate a change in operations.

- State and Federal resources, to include Disaster Mortuary Operational Response Teams (DMORT), are generally assessed following the exhaustion of local county and/or jurisdictional resources.

Identification and tracking of deceased bodies and/or remains is a often a shared responsibility among several agencies, inclusive of hospitals, law enforcement, the Office of the Chief Medical Examiner, and the State Anatomy Board. Local counties and/ jurisdictions are encouraged to address, at minimum, the following planning areas specific to their jurisdictions:

- Determine which agencies (among the local jurisdictions or county) are generally responsible for identifying and tracking deceased bodies and/or remains.

- Determine what additional, non-conventional agencies (among the local jurisdiction or county) would assume the responsibility for identifying and tracking deceased bodies and/or remains during a mass fatality event.

- Determine the means (available to the local jurisdiction or county) by which the deceased are identified (example: chain of custody forms, bar-coding, database entry, etc.).

- Determine what legal issues restrict or otherwise limit the identification and tracking of the deceased at the local county and/or jurisdictional levels.

- In the absence of legal restrictions and/ or limitations, determine how the local county or jurisdiction would prefer to address identification and tracking of deceased bodies and/or remains during and following a mass fatality event.

Other activities that may be performed, provided, or needed during a public health, medical, or other emergency event resulting in the need for mass fatality management, may be accessed in the DHMH ESF-8, Mass Fatality Plan Annex.

Veterinary Medical Support

The DHMH Community Health Administration's (CHA) Center for Veterinary Public Health (CVPH) is responsible for health issues at the intersection of human and animal health and disease in Maryland. Their activities include, but are not limited to: surveillance, prevention, and control of vector-borne and other zoonotic diseases. A large part of their role is advising local health departments and local veterinary and medical providers on veterinary public health matters. CVPH also collaborates with other state and federal agencies, such as the MDA and the Maryland Department of Natural Resources (DNR) to develop and implement policy and to respond to emergencies/disasters and other public health events.

The office of CVHP does not typically provide direct medical care services to individual Maryland animals in the event of emergency, since this is usually handled at the local level. However, the CVHP State Public Health Veterinarian has broad authority to examine/inspect/assess the health of animals in situations of public health concern (e.g. rabies, avian influenza, etc.), emergency or otherwise.

Information for the general public, local health departments and other emergency responders is maintained on the CVHP website: http://www.cha.state.md.us/edcp/vet_med/index.cfm. The site contains information regarding vector-borne disease guidelines, animal borne disease guidelines, disease definitions, and other related material.

B. Support Function Actions

As the lead agency for ESF 8, DHMH will lead and coordinate actions in response to Public Health related emergencies. These actions will be tailored to meet the needs of the specific incident.

These needs may include the following:

- Public health assessments of conditions at the site of the emergency to determine health needs and priorities.
- Population surveillance and investigations to determine disease patterns and potential disease outbreaks and implement prevention and control strategies.
- Logistical support for state public health personnel in the field.

- Coordination among various health organizations at the site of the emergency.
- Supply, restocking, and prioritization of health-related equipment and supplies.
- Assess and make recommendations concerning the public health needs of emergency responders.
- Provision of behavioral health assistance to disaster victims and responders.
- Provision of public health advisories and related information to the general public.
- Assistance in assessing potable water and wastewater/solid waste disposal issues and coordination to provide potable water and wastewater/solid waste disposal equipment.
- Assignment of missions to Federal ESF 8.

Activities of emergency medical units in Maryland are directed by fire chiefs when the units are attached to fire departments and by the owners/operators of private or government-owned companies. First responders at the scene coordinate Emergency Medical Services (EMS) and request state and federal assistance through the local Emergency Management Agencies (EMA's).

Local EMA 's or EOC's report requests for state and federal emergency assistance and for public health and medical services to the State Emergency Operations Center (SEOC) where they are coordinated with ESF 8 representatives.

Dependent upon the county as all do not have a designated coroner, the County Coroner, Medical Examiner, Forensics Investigator, or Emergency Medical Technician has jurisdiction over the deceased, and is responsible for setting up temporary morgues and coordinating with the Maryland Funeral Directors Association when necessary. The State of Maryland Anatomy Board is responsible for the storage and disposal of unclaimed bodies.

Hospitals and other medical care facilities requiring state and federal assistance coordinate their requests through the local Emergency Management Director (EMD) of their jurisdiction.

The Governor may request National Disaster Medical System (NDMS) activation when state capabilities are overwhelmed. Upon activation, NDMS will mobilize medical teams, equipment and supplies, assist in evacuating victims and provide medical care at hospitals that are part of NDMS.

In support of the Governor's Office on Service and Volunteerism and the State Donations and Volunteer Management Program, affiliated volunteers and donations will be coordinated in accordance with ESF-15, Donations Management, under the direction of MEMA. Unaffiliated volunteers and donors of unsolicited goods and services will be encouraged to contact existing affiliated volunteer organizations and/or the Maryland Voluntary Organizations Active in Disaster (VOAD).

While it is impossible to eliminate all threats to the public health, it is essential that the State of Maryland, and, in particular, DHMH, does everything it can to reduce the effects of man-made and natural disasters. In accordance with the National Strategy for Homeland Security, dated October 2007, pp. 27-30, this ESF – 8 Operations plan is designed to:

- Ensure the resilience of the public health and healthcare systems;
- Ensure operational resilience of the DHMH; and
- Protect the public through medical preparedness and prevention.

1. Ensuring the Operational Resilience of DHMH—Standard Operating Guidelines for Internal Threats and Key Activities:

The DHMH SOG's for most internal threats/events such as building evacuations are contained in policy books at each DHMH campus.

Additionally, DHMH has developed SOGs such as Continuity of Operations Plan (COOP). Below is a summary of COOP.

2. Continuity of Operations Planning

The DHMH Continuity of Operations Plan is written in accordance with the Maryland Continuity of Operations Planning Manual. The plan is also written in compliance with NIMS and satisfies the requirements of the Emergency Support Function (ESF) 8. This plan contains procedures for maintaining and staffing essential services during an emergency event.

The DHMH COOP Plan includes the following considerations:

- The continued updating of reliable emergency communication plans to reach personnel outside of work by multiple means if possible. This plan includes identification of key contacts, chain of communications, and processes for tracking and communicating personnel and operations status.

- Identification of alternate locations and means of transportation and distribution for sustaining operations.

- Identification of resources that can be used by other departments or agencies.

- Updating or completing of Memorandums of Understanding or Agreement for facilities, resources, or support during an emergency.

- Ensuring that personnel are cross-trained in essential staff and executive leadership positions.

- Identification of legal policies that govern the organization, especially during an emergency.

- Establishment and exercising of the incident command structure.

- The inclusion of procedures to suspend non-essential services and inform the public of such suspension.

- Identification of additional security measures required during an emergency.

- Ensuring that the organization documents expenditures and losses during emergencies using federal and state forms.

- Coordination of emergency plans and procedures with other state organizations if necessary.

- Identification of reporting requirements during emergencies.

- Identification of special clearances, credentials or forms of identification required of volunteers, temporary staff or personnel detailed from other state agencies and departments.

- The provision of sufficient and accessible infection control supplies in all locations.

- Enhancement of interoperable communications and information technology infrastructure as needed to support employee telecommuting.

- Expansion of on-line and self-service options for employees, customers, and business partners.

- Review and revision, if necessary, of sick leave policies so that during emergency circumstances such as during a pandemic, employees are not penalized for taking more sick leave days than they have earned.

- Establishment of policies for flexible worksite (e.g. telecommuting) and flexible work hours (e.g. staggered shifts) for use during an emergency.

- Recovery plans and procedures for downgrading emergency response and returning to normal operations.

- The implementation of plans to ensure the maintenance of critical services during staffing shortages.

Continuity of Operations within DHMH OP&R, specifically as it relates to the ESF-8 core and support functions, is approached from the staff level outward. It is imperative that staff be prepared for any emergency that may require the activation of ESF-8. In the event of an emergency or threat incident, staff will be required to man an operations center from which all command decisions regarding ESF-8 functions will be managed. To ensure the preparedness of staff and thus maintain continuity of operations

a) Preparation: All employees are required to complete NIMS related training and to be familiar with the Incident Command Structure (ICS) and usage.
b) Preparation: In order to effectively stand up ESF-8 core and support functions, it is essential that communication between all agencies be effective and multiple communication modes and technologies are employed. To that end, DHMH OP&R has the following communication and back up communication options available:
    - Phones
    - VoIP (Voice-over Internet protocol)
    - E-mail
    - Blast Fax
    - Lap tops with wireless internet access (air cards)
    - Cell phones with text capability
    - Satellite phones
    - Wireless communications kits
    - Government Emergency Telephone Service (GETS) cards are also carried by key employees of DHMH for priority calling.
c) Preparation: Employee and personal preparedness: To ensure staffing and operations of essential functions of the office, each employee of OP&R is required to have the following:
    - An emergency plan for their family. This plan should include:
        - Plans for care of children
        - Plan of care for dependant adults
        - Plan for care of pets
        - Family plans for communications
        - Family plans for food, water and emergency supplies
    - Essential employees of OP&R will have with them at all times (in an easily accessible place), the following items: clothing and personal items and medications for at least 2 weeks.

d) Response: Upon receipt of notification of a public health or medical threat that requires State and County government response, the State and the affected Counties Emergency Operations Centers (EOCs) will be activated, and the Director of OP&R will activate ESF-8 core and support functions as necessary to address the incident at hand.

e) Recovery: A return to normal operations while maintaining those ESF - 8 core functions needed to assist in effective and efficient recovery – dependent upon nature and extent of incident.

3. Ensuring the Resilience of the Public Health and Healthcare Systems and Protecting the Public—an Overview of Public Health Response Actions

Plan Activation

During a Tier 1 or Tier 2 response, LHD's and the DHMH will activate plans and SOG's as appropriate. During a Tier 3, 4, 5 or 6 Response, the Governor or the Secretary of the Department of Health and Mental Hygiene may activate all or part of the DHMH Emergency Support Function 8: Public Health and Medical Services Operations Plan (ESF-8 PLAN).

In the event of a statewide or regional emergency that may have an impact on the public health or require the support of the DHMH, the Governor may order the Secretary of the Department of Health and Mental Hygiene to implement all or a portion of the public health emergency operations plan.

Direction and Control

During a Tier 1 through 5 Response when the Governor has not declared a State of Emergency, the DHMH Operations Center (OC) will be operational, but the State Emergency Operations Center (SEOC located at MEMA) may or may not be activated dependent upon type and extent of emerge3ncy event. The OC is equipped with computers having Internet access, a fax machine, numerous land-line telephones, cellular telephones, satellite telephones, televisions with cable service, and interactive web access to the SEOC.

In the event the Governor declares a "State of Emergency", the SEOC is activated. The Governor, DHMH, and other State agencies, staff the SEOC. If the emergency is considered a public health emergency, then the DHMH will activate the Department's Incident Command Operations Center to coordinate public health operations.

Operational Priorities

In the event of public health emergencies where multiple response, recovery, and mitigation activities may be occurring at the same time thereby utilizing scarce resources, prioritization may be necessary in order to meet operational goals and objectives. The following provides examples of the operational priorities considered when responding to a public health disaster.

Special consideration is given to the following priorities when conducting emergency operations:

- Protecting life (highest priority), property, and the environment.
- Meeting the immediate emergency needs of people, including rescue, medical care, food, shelter, and clothing.
- Temporarily restoring facilities and other critical infrastructure , whether publicly or privately owned, that are essential to the health, safety, and welfare of people (such as medical, sanitation, water, electricity, and emergency road repair).
- Meeting the rehabilitation needs of people, including provision of temporary housing, food stamps, and employment.
- Mitigating hazards that pose a threat to life, property, and the environment.
- Providing services for the medical needs of members of the "at risk" or "special needs" population.

- Ensuring that response and recovery worker safety and health risks are anticipated, recognized, evaluated, communicated and consistently controlled.
- Coordinating affiliated and unaffiliated volunteers.

PUBLIC HEALTH and MEDICAL RESPONSE

A. Threat Alert and Notification

The decision to implement this plan in a phased and tiered manner will be based on specific threats to the public health. DHMH will be alerted to such threats through various channels.

Preparation and Response: Alert or Warning

Based on information from a variety of possible sources including a citizen report, a reported outbreak, or a warning from law enforcement, the Secretary of DHMH, in collaboration with the Governor's office, will determine whether it is necessary for DHMH to go on a public health alert and whether a public health emergency exists.

An alert of a threatened or actual emergency can also be assumed from warnings by the perpetrators or unexplained disruption or failure of a computer network, telecommunications system, or Internet service.

The United States Government Interagency Domestic Terrorism Concept of Operations Plan (CONPLAN) establishes a range of threat levels determined by the FBI that serves to frame the nature and scope of the Federal response. This classification scheme is used in this PHMOP and has been modified only where necessary to delineate the State's perspective.

Each threat level provides for an escalating range of actions that will be implemented concurrently for crisis and consequence management. Specific actions will take place, which are synchronized to each threat level, ensuring that all agencies are operating jointly with consistent executed plans. Federal and State governments will notify and coordinate with local municipalities, as necessary. These threat levels are described below:

- **Minimal Threat** - Received threats do not warrant actions beyond normal liaison notifications or placing assets or resources on a heightened alert (agencies are operating under normal day-to-day conditions).
- **Potential Threat** - Intelligence or an articulated threat indicates a potential for a terrorist incident. However, this threat has not yet been assessed as credible.
- **Credible Threat** - A threat assessment of 'credible' indicates that the potential threat is real, and confirms the involvement of a weapon of mass destruction in the developing terrorist incident. Intelligence will vary with each threat, and will impact the level of the response. At this threat level, the situation requires tailoring response actions to use resources needed to anticipate, prevent, and/or resolve the crisis. The crisis management response will focus on law enforcement

actions and is predominantly concerned with preventing and resolving the threat. The consequence management response will focus on contingency planning and pre-positioning of tailored resources, as required. A credible threat increases in significance when the presence of an explosive device or weapon of mass destruction is confirmed or when intelligence and circumstances indicate a high probability that a device exists. In this case, the threat has developed into a weapon of mass destruction terrorist situation requiring an immediate response to identify, acquire, and plan the use of State and Federal resources to augment regional and local authorities in lessening or averting the potential consequence of a terrorist use of a weapon of mass destruction.

- **Weapons of Mass Destruction Incident** - A weapon of mass destruction terrorism incident has occurred which requires an immediate response to identify, acquire, and plan the use of State and Federal resources to augment regional and local authorities in response to limited or major consequences of a terrorist use or employment of a weapon of mass destruction. This incident may have resulted in mass casualties. The response is primarily directed toward public safety and welfare and the preservation of human life.

Response: Notification

Upon alert, DHMH must be notified of a potential or realized public health emergency. In the event that first responders or others suspect or the incident or threatened incident is the result of a terrorist act or involves a weapon of mass destruction, the Maryland Joint Operations Center (MJOC), and DHMH must be notified. As a precaution, the Incident Commander will ensure that the regional office of the FBI has been notified in addition to any other appropriate agencies.

DHMH will notify the appropriate local and regional public health and healthcare partners through available and immediate communication technologies in accordance with appropriate annexes, appendices, and standard operating guidelines.

B. Emergency Time Sequence

This plan will be implemented based on the following phases, as the unfolding situation demands.

1. Preparation

Programs within DHMH with emergency responsibilities will prepare supporting plans, Standard operating guidelines, and checklists detailing their emergency response operations and disposition of resources in an emergency. Such plans and procedures will provide for appropriate coordination and communication channels among programs. The plans should include provisions for DHMH response staff to address training in emergency operations and plan implementation. Resource listings should be prepared and kept current.
Other preparatory tasks that DHMH will implement include the following:

- Develop, update, and disseminate disaster public health plans, procedures, and guidelines.
- Establish, coordinate and maintain relationships with state and federal agencies that have public health response roles.
- Encourage and assist in the development of overarching and regional public health disaster response plans.

EXAMPLES: Preparing and revising the DHMH Pandemic Influenza Plan and the DHMH Continuity of Operations Plan.

Increased Readiness - Developing Crisis

Actions will include plan familiarization, Standard operating guidelines (SOG), and resource information; increasing public information efforts; inspecting, dispensing, or relocating equipment; and alerting auxiliaries and reserves.

EXAMPLES: Due to a growing trend of avian influenza cases in Europe, the World Health Organization (WHO) has issued warnings to the United States and other countries. The DHMH conducts plan familiarization training with DHMH via classes or tabletop exercise and issues fact sheets and press releases to the media to increase the public's knowledge of a potential crisis.

Disaster Inevitable

Actions taken during this phase will be precautionary in nature, with the DHMH response being based on the developing situation. Appropriate actions might include issuing warnings and preparation advisories, establishment of emergency communication systems, liaison with appropriate agencies and programs, and initiating preparations for emergency response.

EXAMPLES: The Department of Health and Human Services and the CDC have alerted the Maryland Governor's Office and the DHMH that several cases of highly contagious avian influenza, identical to those in Europe, have been discovered in the United States. DHMH activate their Command Center and send an Emergency Management Team to the State Emergency Operations Center. Additionally, DHMH alerts the Local Health Departments and tests communication systems such as the HAN system.

2. Response

Immediate Impact

Actions taken during this phase will concentrate on the immediate well being of people affected by a disaster.

EXAMPLES: In response to the discovery of avian influenza cases in Maryland, the DHMH has surged its Epidemiology and Laboratory capability. Additionally, the Secretary of DHMH has advised the Governor that various community containment strategies are required to protect the public.

Sustained Response Phase

During this phase initial lifesaving and property protecting actions continue, but attention can be given to other priority activities, such as identification and alleviation of developing problems, and identification and development of additional resources.

EXAMPLES: As the number of avian influenza cases increases and then peaks, the DHMH coordinates the provision of antivirals and closely monitors surveillance at hospitals and businesses. Also, DHMH has activated its Continuity of Operations Plan in order to maintain critical services to the public.

3. Recovery

The establishment of recovery needs and priorities will be coordinated by the Maryland Emergency Management Agency (MEMA), who will, at the earliest feasible time, bring together representatives from appropriate federal, state, local, and voluntary agencies for this purpose. Each department will provide relevant documentation and recommendations for this planning activity.

EXAMPLES: The pandemic appears to have abated. The DHMH helps coordinate the recovery and sustainment of the healthcare systems. As they gradually stand down certain emergency response actions—such as increased laboratory capacity—they are able to strengthen or re-activate other non-emergency public health services.

4. Response Tiers

This plan's concept of operations is structured around Response Tiers. A tiered system allows for the most appropriate response to an event and ensures that the DHMH plan is compliant with Federal and State guidance: **"one of the fundamental response principles is that all incidents should be handled at the lowest jurisdictional level possible."** National Strategy for Homeland Security, October 2007, p.33.

This tiered system is in compliance with Federal guidance, including the National Incident Management System (NIMS), and links the DHMH plans guidelines to thresholds and response capabilities that are already in operation across the State. Below is a brief description of each of the tiers as they relate to the Maryland Public Health system.

Tier 1: Individual Health Care Facility Response and Individual Local Health Department (LHD) Response

An incident that occurs during this tier involves only one LHD, one hospital or other form of health care facility, or provider. This situation corresponds to routine, day-to-day activities such as an individual being identified with tuberculosis and requiring treatment in isolation at a particular facility.

In this event, the Local Health Department and the care facility are the primary entities involved. The LHD would report the case patient to DHMH and would conduct contact tracing for family members and close contacts per the Maryland Department of Health and Mental Hygiene (DHMH) Guidelines for the Prevention and Treatment of Tuberculosis.

Tier 2: Jurisdiction Response

In Tier 2, several health care facilities and/or health care providers are involved. For example, multiple facilities may report a public health concern or emergency, such as the presence of an infectious disease or suspected infectious disease, to the LHD. There may be one or more clusters of this infectious disease within one county or local jurisdiction. In this Response Tier, the outbreak situation is limited to one local jurisdiction and there are no other reports of this cluster of diseases in any other part of the state.

The LHD would work together with the local health care community and with DHMH to contain the outbreak. If the number of individuals affected by this public health incident is large and individuals are noncompliant with the isolation and quarantine recommendations from the Health Officer, then the LHD or DHMH would obtain a Secretarial Order. More details on delegation of authority and obtaining orders are found in the Policy/Legal Authority section above.

Tier 3: Intrastate Regional Response

In Tier 3, a public health incident is regional in nature and several counties are involved in the response. Depending on the disease, agent and/or the number of cases, at this point the Governor may consider this a catastrophic health emergency (CHE). Information about the Governor's Health Emergency Powers is found in the Policy/Legal Authority section above.

Tier 4: State Response

This tier represents a response to a public health emergency that affects multiple counties across the state. Again, this situation would be evaluated and, depending on

the severity and number of people involved in the public health emergency, the State may declare a catastrophic health emergency in accordance with Maryland laws.

Tier 5: Interstate Response

The key aspect of this response is coordination across state lines (Pennsylvania, West Virginia, Virginia, Delaware, New Jersey and the District of Columbia) to coordinate public health incident management during a public health emergency that crosses state lines.

This response builds on the day-to-day practices of Maryland LHD's and the DHMH. DHMH contacts the state of residence of patients who become ill with a reportable disease while in Maryland.

Tier 6: Federal Response

A public health emergency in Maryland or across state lines may require a federal response if the number and/or types of public health emergencies threaten to exceed the capabilities of the Departments of Health involved. The DHMH maintains regular communication with the CDC and through this coordination may determine the need for Federal assistance. Federal agencies such as the CDC will be notified by the appropriate State agencies that a federal response and assistance is necessary if:

- Maryland is overwhelmed and the resources are exhausted by the size of the response
- A state of emergency is declared for Maryland
- More than one state is affected by this public health emergency

During the initial activation, the Department of Health and Human Services (HHS) coordinates audio and video conference calls with the ESF-8 supporting departments and agencies, and public health and medical representatives from State, tribal, and local officials, to discuss the situation and determine the appropriate initial response actions. HHS alerts and requests supporting organizations to provide a representative to the Emergency Management Group (EMG) to provide liaison support.

Once HHS has been activated, they will coordinate the appropriate response actions with Maryland DHMH and other agencies and departments at the State and local level. HHS may designate a Senior Health Official to serve as the senior Federal health official in the Joint Field Office (JFO).

Regional ESF-8 staff are ready to rapidly deploy, as the Incident Response Coordination Team – Advance (IRCT-A), to provide initial ESF #8 support to the affected location. As the situation matures, the IRCT-A will receive augmentation from HHS and partner agencies transitioning into a full IRCT capable of providing

the full range of ESF-8 support to include medical command and control. The regional ESF-8 staff includes representatives to staff the Regional Response Coordination Center and/or JFO, as required, on a 24-hour basis for the duration of the incident

C. Epidemiology and Surveillance:

Biosurveillance

Preparation: The Office of Preparedness and Response (OP&R) conducts, monitors or obtains data from several epidemiological surveillance activities that help to identify the presence of an emerging public health threat. Currently, available surveillance data are a combination of traditionally acquired information on cases of disease, together with information drawn from newer automated electronic syndromic surveillance systems. Early detection will allow the initiation of interventions to lessen the impact on the health of Maryland residents and healthcare system.

Data sources are reviewed and analyzed on a daily basis. A weekly summary of the biological intelligence analysis (*Public Health and Emergency Preparedness Bulletin*) is produced and distributed to local and state agencies, the healthcare system, and other response partners. The following data sources are currently used for surveillance activities.

US Postal System Biological Detection System (BDS) (National):
- Postal Service detection system for anthrax sent in mail
- Deployed at five mail processing sites within Maryland
- Baltimore and DHMH/OP&R were the initial test sites and developed the response protocols
- OP&R continues the close working relationship with the Postal Service

BioWatch (National):
- Environmental collection system collecting air filtered samples which are analyzed for selected biological agents
- BioWatch extends from Baltimore to Washington to Richmond
- The DHMH lab conducts analysis of the samples in conjunction with the Virginia state lab
- OP&R works closely with the US Department of Homeland Security, DC and Virginia to coordinate this surveillance activity

Bio-Sense (National):
- CDC web-based version of syndromic surveillance
- Complementary to ESSENCE (see below)
- Focuses on over-the-counter medication purchases and military clinic / tri-care visits

Syndromic Surveillance (State):

- Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)
- Web-based syndromic surveillance system designed for the early detection of disease outbreaks, suspicious patterns of illness, and public health emergencies
    - Sentinel Maryland hospitals within metro Baltimore and the National Capital Region report emergency department chief complaint data
    - Sentinel Maryland pharmacies report over-the-counter medication sales data
    - Poison Control Centers report exposure call data
- Statistical analysis of illness like syndrome categories consistent with the CDC guidelines
    - Botulism Like
    - Fever
    - Gastrointestinal
    - Hemorrhagic Illness
    - Localized Lesion
    - Lymphadenitis
    - Neurological
    - Rash
    - Respiratory
    - Sudden illness / Death
- Statistical analysis identifies cases that are outside the expected frequency for that syndrome as an indicator of a suspicious pattern of illness
- Epidemiological investigation is conducted on suspected cases and clusters to determine their significance as a potential public health threat and response protocols are initiated when necessary

Baltimore City Syndromic Surveillance Project (Local):

- OP&R receives information from Baltimore City
- The data reported by Baltimore city is raw numbers without statistical analysis as is conducted by ESSENCE
- The data includes the daily number of dead animals picked up
- Also reported is the total number of EMS calls as well as the number of EMS cases related to respiratory, gastrointestinal, cardiac, neurological and cardiac arrest/deaths

Review of Emergency Department Utilization (State):

- OP&R monitors the yellow alert times (emergency department diversion status) for daily historical deviations compared to the previous year's day
- Data provided by the Maryland Institute for Emergency Medical Services Systems (MIEMSS)

Review of Mortality Reports (State):

- Reports of suspicious deaths are reported to OP&R by the Office of the Chief Medical Examiner

Maryland Toxidromic Surveillance (State):

- The two poison control centers serving Maryland conduct real time monitoring of poison control center calls
- They perform a statistical analysis to identify abnormal incident calls related to selected toxidromic syndromes e.g. neurological/chemical agents, blister agents, respiratory, ricin, cyanide, anthrax
- The poison control centers conduct case investigation and immediately report any confirmed cases

Review of Maryland Disease Surveillance Findings (State):

- OP&R receives information from DHMH Epidemiology and Disease and Control Program (EDCP) on reported cases and case investigations
- The data provided includes:
    - Communicable disease surveillance case reports (i.e. meningitis)
    - Outbreaks (i.e. food borne gastrointestinal)
    - Maryland seasonal flu status

Pandemic Influenza and Avian Influenza Reports (State, National, and International):

- OP&R monitors and reviews WHO and CDC reports

National Disease Reports (National):

- OP&R conducts a review and reporting of any national disease outbreaks reported through the CDC or ProMed
- For example: Eastern Equine Encephalitis Virus, Hanta Virus, Tularemia outbreaks

International Disease Reports (International):

- International disease reports provided by the CDC, WHO and ProMed are reported and reviewed for significance to Maryland
- Examples include: Chikungunya, Crimean-Congo Hemorrhagic Fever , Cholera

OP&R collaborates with Epidemiology and Disease Control Program (EDCP) in preparation for response to any public health event. OP&R and EDCP also work closely with the local health departments to prepare for and respond to public health events.

Response: OP&R epidemiologists will review red alerts and yellow warnings in Maryland and NCR ESSENCE system daily for suspicious/ potential public health threats. ESSENCE data analysis will include hospital emergency department data, over-the-counter (OTC) data, and poison control center data. In addition, Baltimore City surveillance data will be reviewed daily. If an alert is determined to be a potential public health threat, then the epidemiologists will do the following:

1. In collaboration with EDCP epidemiologists, OP&R epidemiologists will conduct an investigation to determine the significance of the alert. This may include contacting local health departments and/ or hospitals.
2. Upon completion of the investigation, if there is a public health threat, then DHMH physician on call and senior OP&R staff will be notified.

In addition to daily review of red alerts and yellow warnings, OP&R epidemiologists will create and distribute a daily internal Intel report that will inform DHMH and other partners of the current status of alerts/ and or any public health alerts. OP&R epidemiologists will be in continuous communication with ECDP epidemiologist on most current outbreaks and case investigations in Maryland. Lastly, OP&R epidemiologists will share information with the NCR biosurveillance partners.

Recovery: OP&R will transition back to normal biosurveillance activities.

D. Public Health Investigation

The goal of public health investigation in an emergency is to gather information to inform public health intervention and communication. The objectives of public health investigation are to: 1) define the problem in person, place and time (who and how many are at risk, where is/was the risk, when did the risk begin and when did it end); 2) identify the source and magnitude of exposure; and 3) determine whether exposure or the consequences of it are ongoing (is there person-person transmission, is there lingering environmental contamination of concern, are there consequences of exposure that may result in health problems later); and 4) monitor the impact of intervention.

Tools of public health investigation include: health-related surveillance as well as epidemiological, laboratory and environmental investigations.

Public Health Investigation Partners:

Depending on the public health situation, several DHMH administrations may play crucial roles in public health investigation. All state resources will be utilized to the maximum extent before seeking multi-state or federal assistance. CDC may provide technical and logistical assistance for terrorism-related and/ or multi-state investigations.

DHMH administrations involved in public health investigations:

- Office of Preparedness and Response (OP&R): OP&R provides expert technical guidance, coordination, and leadership for DHMH on preparedness efforts. OP&R serves as the lead for the Emergency Support Function 8: Public Health and Medical to coordinate public health emergency response in the State of Maryland. During public health investigations, OP&R will provide surveillance intelligence using the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE).

- Office of Epidemiology and Disease Control Program (EDCP): The State Epidemiologist along with the Division of Outbreak Investigations will lead

epidemiological investigations and surveillance, in addition to providing guidance on processes to control outbreaks and public health incidents. EDCP will conduct case investigations by obtaining complete clinical information on all suspect cases to determine whether they are true cases through interviews of cases to determine potential exposures. Analytic studies, including case-control studies may also be conducted to help with epidemiological investigation by developing and/or managing pre-developed databases to track suspected cases, environmental samples collected and tested, persons being quarantined, persons eligible for antibiotic prophylaxis, and other information, as needed. If needed, epidemiologist surge capacity may come from local health departments, other states, and/ or CDC. The Center for Veterinary Public Health will assist in surveillance when animals may be affected.

- Office of Environmental Health: Environmental Health will provide guidance and consultation in public health investigations that have environmental impact. If needed, environmental investigation surge capacity will come from the Centers for Disease Control and Prevention/ National Institute for Occupational Safety and Health (CDC/NIOSH) and local health departments.

- Laboratories Administration: Laboratories Administration Director and designated Bioterrorism Coordinator, in consultation with other DHMH partners, will lead laboratory and confirmation testing. They will collaborate with partners in collecting samples of the environment for agents of concern to determine whether contamination is present. Appropriate lab testing of patient and environmental samples will be performed. If needed, laboratory surge capacity will come from other laboratories in the Laboratory Response Network (LRN), other state health departments, and/ or CDC.

Other partners involved in public health investigations:

- Maryland Department of the Environment (MDE): MDE is the primary state agency that conducts environmental sampling for hazardous agents. It serves as the liaison agency with DHMH when there are wildlife concerns (e.g., West Nile virus). MDE provides exposure and risk assessment through qualitative and quantitative estimates of exposure to a chemical agent and assesses the health risk to the general population. If needed, surge capacity maybe provided by Environmental Protection Agency (EPA) National Response Center and/or Agency for Toxic Substance and Disease Registry (ATSDR) Emergency Response Center.

- Maryland State Police: The State Police may assist the FBI in criminal investigations, as well as assist in assuring chain of custody of specimens.

- Maryland Department of Agriculture (MDA): MDA serves as the liaison agency with DHMH for agents that may affect agricultural animals.

- Local Health Departments: Local health departments will provide assistance to DHMH in statewide epidemiological investigations. They are the primary agencies responsible for conducting investigations limited to their jurisdictions.

- Hospitals and healthcare providers: They will assist in surveillance activities, including diagnosis of cases and specimen collection.

- Poison Control Center: Maryland is served by two poison centers. The Maryland Poison Center and the National Capital Poison Center both voluntarily perform surveillance and provide relevant information to DHMH and local public health departments.

E. Public Health Intervention

The overall goal of public health intervention is to minimize morbidity and mortality in the setting of a public health emergency. More specific goals are to use medical methods (prophylaxis, vaccination) and physical separation methods (isolation, quarantine, personal protection, cancellation of public events) to prevent disease in those exposed and/or to limit the potential for exposure in those not yet exposed. The Office of Epidemiology and Disease Control is the primary DHMH section responsible for Public Health Interventions.

Types of Public Health Intervention

1. Non-Pharmaceutical

Public Education: A critical component of public health intervention is the dissemination of accurate information in as timely a manner as possible. Providing the public with crucial information empowers them to be better able to minimize personal exposure during a public health emergency. Further, the timely provision of information helps to reduce panic.

Personal Protection and Restriction of Public Gatherings: Personal protective measures can be used by individuals and by public health officials to minimize the potential for exposure and spread of illness. Thus, persons with or without symptoms of disease can be advised to use personal protective equipment (PPE) such as masks to limit the potential for spread or exposure when they go to public places. In addition, public health officials can limit public activity (e.g., shut down schools) to minimize the potential for large gatherings that might facilitate disease transmission. Examples of diseases for which masks might be used on a population basis include pandemic influenza and SARS. Diseases that could result in restrictions on public activity include pandemic influenza, SARS and smallpox.

Isolation: Isolation is the physical separation and confinement of an individual, group of individuals or individuals present within a geographic area that are infected with a communicable agent of concern to prevent them from coming into contact with and infecting

others. Diseases that might present a public health emergency for which isolation is needed include smallpox, plague, viral hemorrhagic fever, SARS and influenza.

Quarantine: Quarantine is the physical separation and confinement of an individual, group of individuals or individuals present within a geographic area who although not sick, have been exposed to a communicable agent of concern and who have not completed the incubation period. Quarantine is needed until it is determined such designated persons no longer pose an imminent threat of developing illness and transmitting the agent to others.

Diseases that might present a public health emergency for which quarantine could be needed include smallpox, plague, viral hemorrhagic fever, SARS and influenza.

Isolation and Quarantine are both measures utilized to effect, ensure, and enforce community containment of a public health or medical threat. In this respect, Community Containment serves a dual purpose:

(a) Where a public health or medical or other threat has not entered a community, containment serves to protect the community from contamination;

(b) Where a public health or medical or other threat is credible, community containment measures serve to contain the threat while protecting those residing outside the threat parameters or borders.

2. Pharmaceutical

Prophylaxis: Antibiotics, immune globulin, antiviral agents or chemical blocking agents may be used to prevent development of disease in persons exposed to infectious or potentially toxic agents with a sufficient incubation period to allow use of such agents. Examples of agents for which mass prophylaxis may be urgently needed are: anthrax, plague, botulism, pandemic influenza, radiation from a nuclear disaster.

Vaccination: Vaccination may be used to prevent disease in persons anticipating possible exposure to an agent or who are in the earliest stages of incubation following exposure. Diseases for which mass vaccination may be urgently needed include smallpox, anthrax and pandemic influenza.

The Strategic National Stockpile (SNS)
In order to provide sufficient prophylaxis to the public, the DHMH may identify a need to request the Strategic National Stockpile.

- The SNS is a federal asset managed jointly by the Department of Homeland Security and the Department of Health and Human Services and activated through the CDC.

- It is comprised of antibiotics, antidotes, medical supplies and equipment and certain controlled substances to be used by the state in response to any public health emergency.

- A formal request for SNS activation follows consultation between the Governor and the CDC based on epidemiological information provided by DHMH.

3. Environmental Management

The Environmental Health Coordination Program assesses the risks from chemical agent releases or exposures that result from WMD (Weapons of Mass Destruction) or other terrorist related events, natural or man made disasters, transportation, radiological, or fire related incidents.

The Program's primary role in all emergency situations is in making technical expertise available, either directly or indirectly. When notified of an emergency situation, program supervisors and staff will be responsible for initiating communication between appropriate contacts within and outside DHMH.

Supervisors and staff will also be responsible for collecting and disseminating appropriate or requested information, which may also include pertinent advice to health care professionals on medical management of exposed individuals.

Drinking Water Supplies

In response to emergencies and situations of an unexpected or uncertain nature, which could have an immediate detrimental public health impact through the State's drinking water, the Maryland Department of the Environment (MDE) Water Supply Program is prepared to act immediately, according to emergency contingency procedures.

Food Protection

The Office of Food Protection and Consumer Health Services seeks to reduce the risk of food borne illness by ensuring reasonable protection from contaminated food and by improving the sanitary conditions of food service establishments. The Program staff is trained to conduct environmental investigation as part of a food borne illness outbreak investigation and can provide assistance to local health departments involved in the emergency response. Program staff also acts as intermediaries between local health departments and state and federal agencies (e.g., FDA and USDA).

DHMH response in the event of an emergency, such as a food borne outbreak or contamination of food at the retail level (e.g., restaurant, retail food store), includes the following responsibilities:

- Advise local health department regarding conducting environmental investigations and implementing controls such as immediate closure, destruction of food, sample collection and transport to State Laboratory;

- Notify other agencies as required, including local health departments, Departments of Consumer Protection, Departments of Agriculture, FDA, USDA, and other federal or state agencies;

- Notify public, as needed, in conjunction with the Incident Command Public Information Officer;

- Notify retail establishments in conjunction with the retail food industry organizations.

4. Laboratory Services

The Laboratories Administration employs approximately 300 scientists and support staff. The majority of employees work at the Central Laboratory in Baltimore. There are about 40 employees at the regional laboratories. The regional laboratories provide public health testing to their surrounding counties. Samples that require more complex testing are sent to the Central Laboratory in Baltimore, which is organized into several divisions consisting of over 40 specialty laboratory sections and units.

The DHMH Laboratories Administration is responsible for the following activities:

- Specimen Collection

- Clinical History

- Labeling

- Chain of Custody

- Secure Storage

- Specimen Processing

- Reagents

- Analytical Processing

- Quality Assurance/Quality Control

- Result Reporting

During a public health emergency, the Laboratories Administration would have a vital role in identifying or differentiating materials and agents that threaten the public health. In the event that the Laboratories Administration receives a large number of specimens, they will establish priorities and protocols for specimens and testing, as well as surge the Maryland laboratory capability through the Lab Response Network (LRN).

5. Medical Management

The overall goal of medical management in emergency response is to minimize morbidity and mortality in the setting of a public health emergency. More specific goals are to treat all ill persons as promptly and fully as possible by coordinating care across medical settings and assuring adequate and appropriate distribution of staff and supplies to make optimal medical care happen.

DHMH will work in collaboration with healthcare partners to respond to a surge in patient care due to a public health emergency. For purposes of this section, medical intervention is limited to the specific medical care needed for secondary and tertiary prevention of death and disability. This section does not cover:

- Emergency care outside the hospital/clinic setting;
- Acute medical care needed for individuals who have extreme psychological consequences requiring medical treatment as a result of a terrorist event; or
- Chronic medical care needed for persons with medical sequelae of an acute illness.

Medical care providers outside the public health system will provide all individual patient medical care. However, for large-scale emergencies requiring additional supplies and/or coordination of resources across hospitals, the public health system is responsible for coordinating available resources and getting additional ones. In addition, public health is the agency that is charged with providing information related to the nature of public health emergencies and the response to the public.

Health Care Facilities

DHMH requires reports and information relating to the safety of life and promotion of health from all public dispensaries, hospitals, asylums, infirmaries, prisons, and schools, and from all other public institutions. DHMH shall give the information concerning any threatened danger to the public health, to local directors of health and to all other sanitary authorities in the state that shall cooperate to prevent the spread of disease, and for the protection of life and the promotion of health.

6. Clean-up/Recovery

During a contamination event, DHMH will coordinate and support other state agencies to determine the appropriate course of action. In the event of a criminal investigation, the removal of these materials will be coordinated with the investigating agency. DHMH will provide this guidance to the affected Local Health Department(s).

Local emergency management, environmental health, and local public health will:

- Coordinate with law enforcement agencies to limit access to a site to prevent the spread of the contamination.
- Consult with the HAZMAT Team to determine the best course of action to pursue containment and clean-up.
- Work with state and federal agencies for disposal of contaminants.

Local public health will coordinate with DHMH, local coroner/medical examiner, and emergency operations on the removal and care of human remains. In instances where infectious agents have been involved, protocols for removal/care may need to be developed. Lead responsibility for these protocols would be DHMH or CDC.

Local public health and emergency management will coordinate the removal and disposal of hazardous wastes and biologic waste at the local level. This will be done in conjunction with the area HAZMAT Teams according to their clean-up and removal procedures. In instances where city sewage/treatment is involved, local officials and public waste water system operators will be included in the discussions.

F. Timely Communication with Health Agencies

The Health Alert Network (HAN) is a nationwide information and communication system that links federal, state and local health agencies to provide communities with critical information about bioterrorism and other health threats. The Maryland Health Alert Network is designed to securely facilitate communication of critical health, epidemiological and bioterrorism related information on a 24/7 basis to local health departments, health organizations and other key partners. The Maryland HAN is a composite of communication mechanisms including a restricted web site with mass e-mailing and “Bulletin Board” features, broadcast fax, satellite telephones, VHF radios and a Wide Area Notification System (WANS).

Communication with health agencies is also accomplished utilizing conference calls, blast e-mails, BioWatch Notification, daily epidemiology reports posted to the MEMA WebEOC and syndromic surveillance reports, and web page postings of information pertinent to LHD’s and certified emergency responders.

G. Public and Crisis Information (Risk Communication)

Telephone Lines

DHMH will route dedicated telephone lines to its EOC to field media and public calls. The Office of Public Relations and Governmental Affairs will establish and staff designated information lines for media calls, as well as lines for health directors, health care providers, and community partners. All other calls will be directed to the DHMD Customer Service Information line. The Office of Public Relations and Governmental Affairs will monitor the information received and requested from the media and the public.

DHMH Web Site

The DHMH Office of Communications and Governmental Affairs, working with the Governor's Office and MEMA Joint Information Center (JIC) will post approved materials for the media and public to the DHMH web site.

The DHMH web site will be used to post media updates related to the public health emergency. At the very least, public health updates will be posted twice daily (morning and late afternoon) to the DHMH web site and sent to appropriate partner organizations.

Media

In collaboration with CDC, the Governor's Office, and MEMA, the Office of Public Relations and Governmental Affairs will create and disseminate a media advisory that provides information regarding the situation, the major actions being taken, information about disease, public guidance, and resources. Rumor control will be a primary concern, and it will be imperative to immediately issue information updates and to correct errors and misperceptions as needed.

The Office of Public Relations and Governmental Affairs will release pre-approved messages, and develop new materials, as needed, to address the needs of the media, public, and key stakeholders. The Office of Public Relations and Governmental Affairs will notify all public information officers (PIO's) in the acute care hospitals. As appropriate and feasible, field team communications staff will tailor disease education and communication materials to community needs.

Press Briefings

Office of Public Relations and Governmental Affairs will establish a schedule for teleconferences. Teleconferences are preferable to press briefings; the latter will be used only for major public health announcements. The briefings should be characterized as public health response updates to reinforce the role of DHMH in the response. Ideally, the same DHMH and health and government officials will conduct the media briefings. These experts must present themselves in the briefings as professional, confident, knowledgeable, and reassuring. Once these daily briefings are established, they will be invaluable in terms of relaying rapidly changing messages. If necessary, these daily activities can be extended.

Personnel responding to media calls or local community calls from health care providers or individuals should take notes that enable identification and tracking types of questions or concerns, and as frequently as possible.

DHMH Emergency Operations Centers

Telephone Lines

DHMH will route dedicated telephone lines to the emergency operations center (EOC) to field media and public calls. The DHMH Office of Communications and Governmental Affairs will establish and staff designated information lines for media calls.

Calls from residents, health care providers, community partners, and others will be directed to the DHMH Customer Service Information line.

The DHMH Office of Communications and Governmental Affairs will monitor the information received and requested from the media and the public in an effort to identify trends in requested information, potential areas of misinformation, and inaccurately published information about the public health emergency.

DHMH Web Site

The DHMH Office of Communications and Governmental Affairs, working with the Governor's office and MEMA Joint Information Center (JIC), will post approved materials for the media and public to the DHMH web site.

The DHMH website will be used to post media updates related to the public health emergency. Public health updates will be posted to the website daily and sent to appropriate partner organizations.

Media

The DHMH Office of Communications and Governmental Affairs will create and disseminate information regarding the situation, major actions being taken, information about disease, public guidance, and resources. Prior to dissemination, information must be approved by DHMH EOC, DHMH Secretary (or his designee), and MEMA JIC.\

Materials to be disseminated include press releases, media advisories, fact sheets, Public Service Announcements (PSA's), and other items deemed appropriate by DHMH.

Approved and disseminated PIO materials will be made available to media representatives, the public and key stakeholders in a variety of ways, including fax, e-mail, and message postings on the DHMH website.

Rumor Control and Information Sharing

Rumor control will be a primary concern. It will be imperative to immediately issue materials once they have been approved by the DHMH Incident Commander, DHMH Secretary (or designee), and MEMA JIC. There will be a critical need to release approved information updates and relevant data to correct errors, rumors, and misconceptions as needed.

The DHMH Office of Communications and Governmental Affairs notify and share information and provide updates to the PIO's of all local public health departments.

Press Briefings

For press briefings, teleconferences are preferable to formal press briefings planned at a specific physical location. The latter will be used only for major public health announcements. The briefings should be characterized as public health response updates to reinforce the role of DHMH in the response.

The DHMH Office of Communications and Governmental Affairs, in cooperation with the MEMA JIC, will establish a daily briefing – teleconference schedule will be established.

Personnel responding to media calls or other calls will use approved forms to write down key phone call information. These approved forms are used to accurately document critical caller information and track essential details.

Approved forms must include: date and time call was received, caller's name, caller's organization, call-back telephone number, deadline date and time (when caller needs to have response and information in order to publish it), specific questions being asked, and other relevant details**.**

AFTER ACTION REPORT

During any major public health, medical or other major emergency event, information regarding the outcomes, effects, and impact of the event are recorded. When the state of emergency is declared ended, DHMH OP & R, MEMA SEOC, and other responding agencies develop an After Action Report (AAR).

The purpose of the AAR is to delineate those decisions, actions and events that helped to effectively mitigate the emergency incident; identify methods and protocols requiring revision, those that should be retained, and areas of improvement. This portion of the AAR constitutes the assessment of the overall emergency event mitigation process. Upon completion of this phase of the report, an improvement strategy and plan is developed and acted upon via testing and/or emergency preparedness exercise drills utilizing scenarios from the incident.

All AAR's are Department of Homeland Security Exercise Evaluation Program (HSEEP) compliant.

PLAN EXERCISES

The ESF-8 PLAN shall be exercised annually in collaboration, where possible, with other State agencies. The exercise type will alternate between tabletop and functional, with utilization of regional assets, and State and Federal assets when in conjunction with a region-wide exercise. A formal, written AAR of an actual response to a major incident will also be prepared and distributed with the exercise to facilitate anticipated scenario as much as possible. All trainings are HSEEP compliant. Specific exercises of the Plan shall address the following, at a minimum:

- Key roles in crisis and consequence management;
- Detection, assessment, notification, and classification of an emergency event;
- Deployment and operations of Emergency Response Teams;
- Ability of the DHMH ECC to respond to and support local authorities;
- Practice of selected operations to respond to the use of a weapon of mass destruction, infectious disease outbreaks, mass casualty management, decontamination, media management, and other issues.

PLAN REVISIONS

The Maryland ESF 8 Plan will be reviewed and updated annually by the DHMH Office of Preparedness and Response for the purposes of correcting deficiencies identified through actual emergency response operations, drills and exercises; changes in government structure, and technological changes, and changes in federal and/or state legislation that directly affects or pertains to the carrying out of preparedness functions or planning. Minor changes shall be accumulated and made with major changes. Contact lists will be updated at least quarterly or as needed. A formal Revisions Sheet is attached to the beginning of this document

SUPPORT ANNEXES

Activation of DHMH Command Center
Activation of the Maryland Professional Volunteer Corps
State Emergency Operations Center
Training & Exercises
Legal
Incident Management

INCIDENT RESPONSE ANNEXES

PANDEMIC INFLUENZA
COMMUNITY CONTAINMENT
    ISOLATION AND QUARANTINE
    SCHOOL CLOSURES
COMMUNITY & PERSONAL PREPAREDNESS
SMALL POX
SNS
FATALITY MANAGEMENT
PANFLU BUSINESS COOP
MEDICAL SURGE
HOSPITAL EVACUATION
WORK FORCE DEVELOPMENT & WORKER SAFETY

APPENDICES

1 - Acronyms
2 – Abbreviations
3 - Contacts – Key Agencies/Resources
4 – Contacts – State Health Departments
        A – Delaware
        B – Pennsylvania
        D - Washington, D.C.
        E – West Virginia
5 – Glossary
6 – Maps
7 - References